***Chapter 5***

**Background in Recent History:**

**Implementation Stage.**

***Oh Horror, Horror, Horror! Tongue nor Heart***

***Cannot Conceive nor Name Thee.***

***Introduction*:**

The focus of the preceding chapter was the historical background to earlier chapters, in the domains of scientific research, medico-psychological practice, policing, as well as the political, military and intelligence background. What was done in former days gave many hints of what was to unfold during the Cold War, but I did not go into detail of further developments. The present chapter continues the story, bringing us closer to the time of events described in chapters 1-3, and closer in substance to what was described there.

***Implementing CIA Research Objectives*:**

**Improved Methods of Interrogation**: When Project Bluebird was launched (April 1950), it was hoped to form interrogation teams of three, each including a psychiatrist, a hypnotist-cum-polygraph expert, and a technician. At this stage, methods under consideration included ones already described: physical and psychological stress, drugs (barbiturates, LSD etc), hypnotism, ECT. Use of physical or psychological stress, with supposed ‘scientific’ origins in Freud’s abreaction and the Pavlov flood event of 1924 need not be described further, and in any case can equally well be traced to barbarity in some mental hospitals. *‘Extrasensory perception’* (ESP) raises issues which requires some comment.

In sections on the Macy Conferences, I wrote that the CIA’s ‘*unaccountable experts wanted to claim some action and glory for fundamental scientific advance.*’ In particular, some of them seemed to want to solve metaphysical issues of ‘*The Mind’*, as though it was another as-yet-unsolved, scientific riddle. This betrayed profound misunderstanding of the way natural sciences came into being. Scientific advance was never possible without an adequate metaphysical base - one which was at least helpful - as a platform to define facts, develop hypotheses, and design experiments. However, the relation between mind and brain is not a ‘scientific issue’ to be ‘solved’, but a metaphysical one, to which some answers make scientific work possible, while others lead to contradictions and insoluble riddles posing as ‘scientific conundrums’. This comes into sharpest focus when it is proposed to investigate ‘extrasensory perception’ – bluntly, information transmission with no physical medium for transmission.

In the 1930s and 1940s research on ESP at Duke University had been going on under Dr JB Rhine, and continued into the 1950s. I knew ab out this as a student in the early 1960s, as an undergraduate at Oxford. In 1962 or 1963 I volunteered as a subject in a study whose aim was to discover if participants’ facilities in ESP (specifically, guessing cards, as they were turned over from a pack, in the next room) was enhanced if they were hypnotized. The researcher’s name, I remember, was Steve Abrams. Forty-five years later, I came across a list of CIA-funded projects[[1]](#footnote-1); and what did I find? A subproject entitled ‘*Experiments in Extrasensory Perception’* (Project 136) for which $8579 was given to one Stephen I. Abrams. Undoubtedly his project had been CIA-funded. Inveterate skeptic that I was even then, I was not a good ‘deep trance subject’ and I didn’t get far with this! The CIA at the time had keen interest in ESP. Just suppose that this ‘faculty’ could be developed to a point where it was reliable; and then imagine the value to intelligence assets, imbibing Russian *pivo* near Red Square as they tried to decipher what was going on inside the Kremlin!

***Donald Hebb and Sensory Deprivation.*** In 1951, three months after the Montreal meeting, the Canadian Research Defence Board gave Hebb a large grant, to follow up his ideas on sensory deprivation.At the Department of Psychology at McGill, attempts were made to achieve complete sensory deprivation, using psychology students as research subjects. They were required to lie on a comfortable bed in a sound-proof cubicle for several days (apart from breaks for meals and toiletry). Cubicles were lighted for 24 hours a day. They wore translucent goggles transmitting only diffuse light, to eliminate patterned visual stimuli. Patterned tactile stimuli were restricted by their wearing arm-length gloves. Subjects’ heads rested within a U-shaped foam-rubber pillow to restrict auditory stimuli. A continuous noise (hum of the fans and air-conditioner, and a masking noise arranged to come from within the pillow) reduced all patterned auditory stimuli[[2]](#footnote-2).

Subjects experienced an unpleasant degree of boredom, and with it, restlessness. Some subjects could not continue through the 48 hour experimental period, despite being paid at a rate more than twice their expected earning capacity. They reported day-dreaming, and inability to engage in organised thinking and were impaired on simple cognitive tests. The first paper reported perceptual effects during deprivation which surprised – even startled -both subjects and experimenters. Most subjects reported unusual experiences which they called ‘hallucinations’[[3]](#footnote-3).

*‘Where more “formed” (i.e. more complex) hallucinations occurred they were usually preceded by simpler forms of the phenomenon. Levels of complexity could be differentiated as follows: In the simplest form, the visual field, with the eyes closed, changed from dark to light colour; next in complexity were dots of light, lines, or simple geometrical patterns. All 14 subjects reported such imagery, and said it was a new experience to them. Still more complex forms consisted in “wall-paper patterns,” reported* *by 11 subjects, and isolated figures or objects, without background (e.g., a row of little yellow men with black caps on and their mouths open; a German helmet), reported by seven subjects. Finally, there were integrated scenes (e.g., a procession of squirrels with sacks over their shoulders marching “purposefully” across a snow field and out of the field of “vision”; prehistoric animals walking about in a jungle). Three of the 14 subjects reported such scenes.’*

There were reports of hallucinations in other senses. One subject heard people speaking within his visual hallucinations[[4]](#footnote-4). Another heard repeated play of a music box. Four subjects described kinesthetic and somesthetic phenomena. Two subjects reported a phenomenon which they found hard to describe - as if there were two bodies side by side in the cubicle; in one case the two bodies overlapped, occupying partly the same space. On leaving the cubicle (1954 paper[[5]](#footnote-5)) for some minutes after return of normal sensory input, they were dazed: Objects seemed fuzzy, poorly separated from the background. For a sort period, the visual world appeared two-dimensional.

A later paper[[6]](#footnote-6) showed that habits of normal perception were lost: ‘Size constancy’ – that objects are perceived to stay the same size as they moved towards, or away from an observer – was markedly reduced. ‘Shape constancy’ – that objects appear to stay the same shape when viewed from different positions – was also probably reduced. On first emerging from isolation, subjects reported that the position of objects in the visual field was unstable, moving as the subject moved his head, suggesting loss of automatic compensation of visual perception for head movement. These changes had an impact in real life situations. One subject got lost in the washroom and explained: *‘One reason why I can't find my way is that when I try to visualize where I am, everything seems to be expanding and contracting and waving about*.’ Visualising the external world as a ‘thought exercise’ (for instance in route planning) became impossible for some. In the last in­terview Hebb gave before his death in 1985, he said, *“It was clear when we made our report to the Defence Research Board that we were describing for­midable interrogation techniques”’[[7]](#footnote-7).*

***Ewen Cameron and his Attempts to Erase and Rebuild Personhood***: In Montreal, not far from the Department of Psychology headed by Donald Hebb, was the Allan Memorial Institute whose Director was Donald Ewen Cameron. In the 1950s, two main aspects of Cameron’s practice are relevant here. The first was called ‘*psychic driving’* (also sometimes referred to as ‘repatterning’). Its central principle was that, by continued replaying - over many days - of tape-recorded messages of personal significance to each patient, their personality could be ‘reshaped’. The second was ‘*depatterning’*. It involved prolonged narcosis, and ECT repeated many times over many days, to erase all memories. Other treatments were added, including a form of sensory deprivation, elimination of temporal cues from the environment, and psychoactive drugs.

***Protocol for Psychic Driving*:** From published papers, one learns that ‘psychic driving’ was developed by Cameron from 1953[[8]](#footnote-8), before depatterning. It was first reported in a paper read at the annual meeting of the American Psychiatric Association, at Atlantic City, May 11 1955[[9]](#footnote-9). However, its origins went back long before MKULTRA. Cameron conceived it from an idea, fashionable in the 1940s and ‘50s – ‘sleep learning’, with ‘pillow speakers’ - claimed by some to be ‘a revolutionary way to learn a foreign language while you sleep.’[[10]](#footnote-10) Cameron’s bibliography included an article entitled ‘*Effects of repetition of verbal signals’*, dated 1946/7, and another (undated) entitled ‘*Observations on the playback of verbal communication’*. He began to experiment with the idea and, during psychotherapy sessions, would record what he thought were crucial statements made by patients. Later, he replayed such statements repeatedly to patients, hoping to break down their defences and modify their behaviour. The process evolved into psychic driving, a simplistic version of Pavlovian conditioning, with words as conditioning signals, originating at a time when military rather than clinical psychology was top priority. There was a technical element: Magnetic tape recording was arranged into an endless tape loop[[11]](#footnote-11), a method developed by Leonard Rubenstein, a British scientist, recruited by Cameron.

By 1956 Cameron wrote: ‘*Preferably, the communication should deal with one topic only and should not be longer than 20 seconds.*’ The content of replayed messages was full of the anxieties of the time, with encouragement to break free from social constraints and parental authority. It was an early manifestation of what came to be called the ‘permissive society’, already promulgated in writings on child rearing by Dr Benjamin Spock. Many such themes had been developed in Cameron’s book, *Life is for Living.* Apart from this, the only innovation was use of magnetic tape recording.

In 1960 he describes stages of psychic driving as follows[[12]](#footnote-12): *First Phase: Problem identification*, bringing before the patient his or her problem expressed in his/her own criticisms and those with whom he lives and works. It was said that this phase usually took about 10 days, the tape running from 6 am to 9 pm, continuing until a patient starts to reject the repeated statement. This led to the *second phase*, of ‘*setting up a goal’*, for instance, of changing an undesirable attitude (e.g. a feeling of inadequacy), an undesirable relationship (e.g. excessive dependency), or an undesirable mechanism (e.g. habitual repression of hostility). The *third phase* gave ‘*a mechanism whereby this goal may be achieved’*, selected on the basis of those goals commonly expressed during psychotherapy. The tape loop might then include complementary or encouraging comments. This phase continued for another period of 10 days. The *fourth component* was ‘*reinforcement*’. Early experience showed that better results were obtained if newly-established patterns of behaviour were reinforced by expressions of acceptance from staff and, particularly, by acceptance and encouragement from relatives, who were briefed about this. The sequential aims resemble those used in Dr James attempts, first in Bristol, then in New Zealand, to re-orientate sexual preference. The details become relevant when attempting to establish the provenance of methods of abuse and torture described in Chapters 1-3.

By 1960, various drugs were added as another component. I mention the new drug *sernyl* (a.k.a: phencyclidine), the first of a new classed referred to as ‘dissociative anaesthetics’.

*‘It was found that the individual, after undergoing repetition for quite brief periods, experiences increasing discomfort and seeks to move out of the area of exposure. In order to keep the patient under the particularly long periods (20-30 days, 16 hours a day) . . .the most effective procedure thus far developed is to keep the patient under a combination of sernyl and largactil. The first - l-(l-Phenylcyclohexyl) piperidine monohydrochloride – blocks extraneous sensory input in degrees varying with the dose and produces underactivity because of its effects on the motor system. Largactil potentiates the effect and controls whatever anxiety may be attendant upon the use of sernyl.’*

Other drugs used to facilitate psychic driving included, short-acting barbiturates, the new medicine chlorpromazine, nitrous oxide, methamphetamine, and insulin.

***Protocol for De-patterning*:** Cameron became involved in ‘prolonged narcosis’ therapy by a route different from William Sargant. Sargant, to give him the benefit of many doubts, was an empiricist (a rather shallow one), seeking ‘what works’, with little to be identified as theory to guide his practice. Cameron, on the other hand, had some sort of ‘theory’, based on the centrality of memory in defining human identity. He believed that schizophrenia was fragmentation of identity, with emergence of incorrect or damaged memories. He was not the first to suggest this. In the 1890s, before advent of the schizophrenia concept, Carl Wernicke held that chronic mental illness was defined by ‘contents of consciousness’ - the life’s trove of memories – which had become fixed, false representations of reality[[13]](#footnote-13). For Cameron, simplistic ‘logic’ suggested that treatment of schizophrenia should aim to erase all false memories. There may have been similar reasoning in Sargant’s work, in that abreaction was supposed to eradicate deeply entrenched memories of trauma; but the thesis was not expressed so explicitly as by Cameron[[14]](#footnote-14). In a paper in 1960 he refers to 53 patients treated by means of depatterning. This is a small fraction of the total number so treated.

Methods deployed from 1953 used massive, oft-repeated ECT, combined with prolonged narcosis, or between episodes of narcosis. While most patients in published papers had a diagnosis of schizophrenia, a wider range of diagnoses was included. It is impossible to determine the full spread of diagnoses, for lack of surviving documentation. ECT was given far more times, and with higher voltages than in most clinics at the time, and probably more intensively than in Sargant’s practice.

‘*The rate of administration of electroshock therapy is set so that complete depatterning is achieved somewhere between the 30th and the 60th day of sleep and after about 30 electroshock treatments. Once complete depatterning is obtained, it is maintained for five to seven days.’*

Depatterning followed three stages: In the *first stage* there was marked loss of recent memory, but patients knew where they were, how long they had been there, and how they got there. In the *second stage*, patients were confused and disorientated, had lost this ‘space-time image’, although not the very concept of such an image, and showed ‘considerable anxiety arising from his inability’. Thus, a person, if awake, might ask: *‘Who am I?’; ‘How did I get here?’; ‘What is this place?’; ‘What am I here for?*’ This degree of derangement of the ‘sense of being a person’ matches some first-person accounts given by Sargant’s patients. Sargant did not describe this in detail, so comparison is thus difficult. By the *third stage*, the space-time image was lost completely, patients might be able to answer simple questions, but did not recognise anyone: They lived in ‘a very narrow segment of time and space’ (1962 paper), with more profound amnesia, loss of a second language, and often losing learned habits such as eating, and with double incontinence.

***Combining Depatterning with Psychic Driving***: How many patients were subject to the combination of these and other procedures? One ‘first person’ account from Cameron’s former patient, ‘Mary C’[[15]](#footnote-15) - clearly indicates the two procedures *were* used sequentially on her. How often this happened is not clear. The impression from Cameron’s papers is that the two protocols were diagnosis-specific. This is not supported by Thomas A Ban, a researcher who joined Cameron’s team late in 1959[[16]](#footnote-16). In an interview[[17]](#footnote-17) he recalls:

*‘The idea behind Cameron’s research was that by wiping out all memories one would also wipe out pathological patterns in the brain, and one might be able to rebuild the psyche anew. We also explored the possibility that it might be sufficient just to disorganize memories.* ***For wiping out memories we used regressive ECT, which Cameron referred to as “de-patterning”; for disorganizing memories, we used psychomimetic drugs and sensory isolation, and for rebuilding, repetition of verbal signal therapy which he referred to as “psychic driving”****’.*

There is no suggestion in the bold-type sentence (emphasis added) that depatterning and psychic driving were aimed at different patient groups, a detail which would have been essential to include, were it the case. In any case, as funded by the Human Ecology Fund, the two processes were part and parcel of a single project. This is betrayed in some of Cameron’s terms for erasing and re-writing memory - ‘de-patterning’ and ‘re-patterning/psychic driving’ – appear as opposite sides of a single coin.

***Differential amnesia?*:** The notion of using ECT to produce differential amnesia by ECT - ‘bespoke’ amnesia, for specific slices of information - was not amongst the objectives of project Bluebird. It has the ring of science fiction such as Orwell’s *Nineteen Eight Four*, rather than a realistic possibility. Most memories are acquired in close association with a context of other memories, of indefinite extent, so this notion wasscientifically implausible.

Nevertheless, this objective can be found to CIA Subproject 68, supposedly devoted to the creation of differential amnesia[[18]](#footnote-18).

A paper of Cameron in 1960 paper had the title *‘Production of Differential Amnesia as a Factor in the Treatment of Schizophrenia’*. The abstract includes:

*‘Differential amnesia regularly appears as a consequence of depatterning by means of intensive electroshock therapy or electroshock and prolonged chemical sleep. This phenomenon consists in the patient showing a considerably greater amnesia for his schizophrenic behavior than for his concurrent normal behavior in the period prior to treatment.’*

***Scientific Critique of Depatterning and Psychic Driving***: There is a major assumption underlying both psychic driving and depatterning, which is certainly incorrect – that all types of ‘memory’ are the same, acquired and ‘erased’ in the same way. This assumption comes jointly from behaviorist psychology, and the ‘engineering model’ of human nature, implicit in Macy conferences. The assumption was imposed on how the brain was supposed to operate, by analogy with how digital computers were *designed* to operate. It is foreign to brain science: There are many forms of memory, and many types of learning. The simplest, Pavlovian conditioning, *does* depend on stimulus repetition. At a higher level we now distinguish between declarative and procedural memory, that is between facts we can declare (not necessarily verbally), and procedures we can perform. Most important in the present context is the concept of *episodic memory* for events of daily life, by which we build up our own life story and sense of adult personhood. Those events of daily life often occur only once, yet we may be able to recall them years or decades later sometimes including fine detail. This is utterly different from Pavlovian learning, or any learning dependent on repetition. Cameron was captivated by behaviourism, and simplistic versions of Pavlov’s psychology, and by the engineer’s concept of the brain, derived from nascent computer technology.

Cameron’s use of psychoactive drugs was haphazard, and sometimes counterproductive. Sernyl (phencyclidine) is now known to disrupt processes of change of synapse efficacy, the fundamental basis of most forms of memory. To use it during psychic driving/repatterning, defeats the supposed objective. His terminology shows he relied on other sources for his odd practices. Some terms were quasi-military: ‘Breakdown of resistance’ or ‘breakdown of defences’, were common at the time amongst psychotherapists, and military or intelligence interrogators. The term ‘*dynamic implant’* (which also appears in the title of his 1957 paper) echoes Hebb’s phrase reported from the secret 1951 meeting in Montreal: ‘implantation of new or different ideas’[[19]](#footnote-19). The terms ‘de-patterning’ appears to refer to the process Hebb was achieving not far away by sensory isolation, and may have been common jargon around McGill at the time. It was also in Sargant’s vocabulary, although less prominently.

Overall, his methods were an odd blend of instrumental-cum-Pavlovian conditioning with psychodynamic terms thrown in. Whatever form psychotherapy takes, the concept of the individual ‘Ego’ is central; but it is a big jump from there to see this ‘Ego’ - or least ‘personality’ - as no more than accumulated conditioned responses. One commentator[[20]](#footnote-20) writes: *‘For Cameron, the psyche was not an entity at all. Rather, it was a series of complexly interacting patterned mechanisms and feedback functions that a skilled researcher could disassemble.’* The incongruity of all this is all the more striking when one contrasts the theme of release from social or parental constraints with a statement in the 1956 paper, that psychic driving ‘*sets up a persistent tendency in the patient to act in a way which can be predetermined with respect to its general characteristics’* [emphasis added].

***Aftermath of Cameron’s ‘Research’*:**The dark chapter of Cameron’s era at Allan Memorial came to an end in February 1963. After Cameron had administered psychic driving and other procedures to over 300 patients, he admitted in a presidential address to the American Psychopathological Association, that his entire program had been a mistake. While not expressing contrition, he stated that his line of research was wrong ‘on every count’. He retired from the Allan Memorial Institute in 1964. No special event marked the occasion: ‘He crept away under cloud’[[21]](#footnote-21), and his work was quickly dismantled. In 1966 he was still President of the Society of Biological Psychiatry, and in June, at its 21st Congress in Washington DC, he gave a presidential address entitled ‘*Evolving Concepts of Memory’.*

He died in 1967 from a heart attack while hiking. Internationally, he received fulsome praise in many obituaries. Locally it was assumed his work would be forgotten. However, his successor at the Allan, Dr Robert Cleghorn took the unusual step of ordering a review of results of depatterning, based on 79 patients for whom, records were available. The review by Alex Schwartzman and Paul Termansen was published from the Institute[[22]](#footnote-22). It looked at 79 patients hospitalized between 1956-63 and who reached the ‘third stage’ of depatterning. Of these, 77% had a diagnosis of schizophrenia or ‘borderline’. Twenty four per cent relapsed following depatterning while still in the hospital; physical complications (‘mild’ to ‘severe’) occurred in 23%, severe complications in 6%. The most important finding was that the pattern of frequent electroshock treatment was associated with poor clinical outcome. In particular, the shorter the interval between the ECTs, the greater the memory impairment at follow-up, on a standardized measure, the Wechsler Memory Scale. Of 27 patients tested in this way, 63% relied on others for recall of past events. Persisting amnesia for periods ranging from six months to ten years was present in 60%.

Ten years later, on 3 August 1977, in the USA, some activities carried out under the CIA’s MKULTRA program were made public, including the fact that Cameron’s work was partly funded by the CIA (Project #68; $64,243 between 1957 and 1961, to which was added $200,000 from the Canadian government[[23]](#footnote-23)). Much documentation, including many clinical reports on individuals still living, was missing. Such detail was never available from records in the Allan Memorial Institute, nor in archives of Cornell University Medical Centre, which administered the Human Ecology Fund (shell company of the CIA who provided the funds). Records were either destroyed, or transferred for secure storage at CIA headquarters. Apparently, the son of Ewen Cameron, Duncan Cameron, admitted destroying files his father had taken from the Allan Memorial Institute, at the time he left.

Some years later, as the CIA was held to account, compensation pay-outs were made to a few of those harmed in Cameron’s program - $750,000 to each of seven victims[[24]](#footnote-24). Cameron’s funders also included The Canadian government, and the latter paid compensation of $100,000 to each of 77 patients. Litigation has by no means ended. Those who have so far received compensation are but a fraction of Cameron’s victims. At the time of writing, class action litigation from about 300 families of victims is going through Canadian legal/judicial systems[[25]](#footnote-25). Furthermore a group of Canadian citizens (‘Mohawk mothers’) is pursuing legal action[[26]](#footnote-26). I quote from a recent report:

*On April 20 2023 a group of Indigenous women known as the Kanien’kehà:ka Kahnistensera (Mohawk Mothers) achieved a milestone in their ongoing lawsuit against several entities, including McGill University, the Canadian government and the Royal Victoria Hospital in Quebec. The parties*[*reached an agreement*](https://globalnews.ca/news/9639569/montreal-unmarked-graves-search-mohawk-mothers)*whereby archeologists and cultural monitors would begin the process of searching for unmarked graves, which the Mohawk Mothers believe are buried on the grounds of the hospital.*

**Operational Use of CIA Research:**

## *KUBARK manual*: By 1963, interrogation methods developed by the CIA were incorporated into the KUBARK counterintelligence interrogation manual[[27]](#footnote-27), which came from Operation Artichoke, the operational side of the CIA research. A few years ago (July 2019), I also located on the internet a document entitled ‘*Truth Drugs in Interrogation’[[28]](#footnote-28).* It came from the CIA and included a brief reference to William Sargant’s insights. Curiously, this document is no longer available. The KUBARK manual includes lengthy preliminary material, and main sections on ‘non-coercive interrogation’ and ‘coercive interrogation’. The preamble includes a section on personality assessment of persons to be interrogated, their different attitudes and sensitivities, presumably using Gittinger’s system. The non-coercive section includes ways to convey a sense that the interrogator and his bureaucratic support already know a huge amount about the person to be questioned, whether it be true or not. This impression is then amplified by tricks such as an inches-thick file of folder, with the interrogatee’s name displayed prominently on the cover. The section on coercive interrogation includes subsections on ‘debility’, ‘heightened suggestibility and hypnosis’ and ‘narcosis’. The manual claims ‘available evidence suggests that resistance [to disclosure] is sapped principally by psychological rather than physical pressures, that is by isolation from stimuli, and all contact with the outside world, methods to induce anxiety, and threats.’ In addition, the manual includes ‘disorientation about time elapsed: Meals and sleep granted irregularly . . . shifts occurring on no discernible time pattern’. Regarding pain, the manual suggests that ‘whereas pain inflicted on a person from outside himself may actually focus or intensify his will to resist, his resistance is likelier to be sapped by pain which be seems to inflict upon himself.’ Both these principles were part of British interrogation methods (for instance the pain induced by ‘wall standing’ as one of the ‘Five Techniques’ used in Northern Ireland). In the KUBARK manual, there is no mention of ECT or of painful electric stimuli (except as a possible threat), nor of ESP.

## *Mind Control, ‘Robot Assassins’ and Amnesia*: The objective here was to prevail upon subjects’ minds, such that they would carry out a commander’s wishes, in robotic fashion, even if it meant a person breached his or her moral code or committed acts of terrorism or sabotage. This notion, even to the extent of producing robotic assassins, continued to exercise the minds of researchers in the CIA, notably Sidney Gottlieb, that strange elusive figure, who, as head of the Technical Services Division was carrying out, with all his odd imagination, instructions received from Richard Helms. By 1964, Gottlieb apparently concluded that he had failed in this major objective, and publicly admitted as much; but he did not resign from the CIA, continuing as head of TSD until mid-1973. Had he succeeded, even if partially, he would in any case have had a good motive to conceal this.

## The claim that he *did* fail was mainly accepted, until recently. Then a book by investigative journalist Tom O’Neill called ‘*Chaos*’ (after the CIA’s ‘Operation CHAOS’ – see below) revisited the issue, on the basis on new evidence and analysis. Prior to his book, based on my understanding of brain theory, I found it hard to believe the idea of a robot assassin was ever achievable. At very least, I thought it highly implausible. However, the author makes a good case that in special circumstances, MKULTRA’s objective - to produce pre-programmed assassins, who would have no subsequent memory - may have been achieved. It appears to have been based on a combination of hypnotism and LSD, but probably not ECT[[29]](#footnote-29). In addition, it was more likely in people who were already vulnerable to such manipulation, and therefore also drew on personality assessment. In a small number of cases, so the author claims, from the mid-1950s onwards, it was achieved. The best-known case, where evidence seems to be quite good was that of Jack Ruby (who shot Lee Harvey Oswald). The ‘processing’ of Ruby to carry out the murder was not the work of Sidney Gottlieb (who, as a chemist, had neither the required psychological know-how, nor expertise in hypnotism). The psychiatrist who *was* involved was Louis Jolyon West at UCLA (and at various other places before he got to UCLA). West was inspired and funded by Gottlieb, and therefore by the CIA. Before he arrived at UCLA, when working in Oklahoma University, he reported secretly to the CIA. I profile him later in this chapter. I cannot decide strongly in favour of Tom O’Neill’s conclusion, but his writing makes me more willing to consider it as occasionally possible.

## The most outrageous of Gottlieb’s projects, such as we currently know, was informally entitled *‘Operation Midnight Climax’* (officially ‘Subproject 3 of MKULTRA). I do not find it easy to write about this, partly because of my own sensitivities; but I hope I still retain a keen analytic mind, always seeking to understand what I read or hear about. So, I am stretched to my limits. The paragraphs to follow are factual, rather than analytic. How I understand this topic and the motives of those who perpetrated these crimes, is left to the next chapter. My attempt is of course relevant to the motivations behind the atrocities committed at Lake Alice Child & Adolescent Unit.

## Operation Midnight Climax was known only to Richard Helms, Sidney Gottlieb, and a few others in his Technical Services Division. It was led by George Hunter White, a former army captain, OSS officer, and later agent of the Federal Bureau of Narcotics (FBN) and CIA operative. During the day, White worked as an FBN agent to keep psychoactive drugs out of circulation. Overnight his enterprise lured thousands of unwitting men into CIA-sponsored drug and sex sessions with prostitutes at CIA ‘safe houses.’ He had free use of surveillance technology. LSD and other mind-altering substances were slipped into the clients’ drinks by hookers. Their sexual encounters were monitored and recorded from behind two-way mirrors.

## The motives for this extraordinary program were only partly related to intelligence – that is to determine whether prostitutes under hypnosis could be effective espionage agents and could prise secrets out of their clients in these situations. Tom O’Neill obtained evidence that Midnight Climax was funded by one of the CIA’s shell funding companies. George Hunter White *did* report back to the CIA, but West himself was probably too shrewd to do this directly. Operation Midnight Climax, with its tape-recordings of sexual encounters, could be used for sexual blackmail, since some of the participants were prominent citizens in local communities. Beyond this, practitioners of these dark adventures enjoyed it: To be in complete control of such vulnerable victims, simply put, ‘was fun’ for them.

## The program was an extension of the CIA’s collaboration, from its inception, with the criminal underworld. Internationally, the CIA could give immunity to drug kings, in exchange for support of the agency’s Cold War objectives. In the USA, according to Douglas Valentine, ever since the Vietnam war, the CIA infiltrated federal drug law enforcement agencies, taking over their management, intelligence, and foreign operations, to ensure unimpeded flow of drugs to traffickers and foreign officials in the agency’s employ. Apart from narcotics, the CIA and MKULTRA were involved in exposing homosexuals, and in sexual manipulation. As far as I know, it never tried what Dr James’ attempted – sexual re-orientation in homosexual men.

***Forensic Topics and Prison Psychiatry*:**

***Introduction*:** In my introductory chapter, and the four chapters which followed, forensic matters (including youth delinquency) and prison psychiatry were touched on from time to time. The introductory chapter mentioned a survey supposed to be rolled out from around 2010 for all pre-schoolers – the ‘B4School’ survey. Most of it was unexceptional – a health check as kids entered school, just as might be expected. Its unique feature was a set of items supposed to test for incipient mental health problems. There were technical problems with the survey instrument, but the biggest problem was its rationale, which was not clearly stated. I was alerted by a most distinguished US psychiatrist, about dangers hidden in this part of the survey. I started digging to find the provenance of this part. Some months later I found clear answers. Despite the care with which the intentions had been concealed, this part of the survey was supposed to predict who might become a juvenile delinquent, and – down the track – an adult criminal. It is doubtful in the extreme that any predictions would have been accurate enough – that is without an excess of false negatives and false positive – to be acceptable. Nonetheless, it was part of government policy of the day under the label ‘Drivers of Crime’. It was an insidious introduction of medical technology and administrative practice into a problem which is not medical.

Readers of Chapter 1 may recall that many children and adolescents who found their way into LACAU had ‘problem behaviour’. In principle, this was no grounds for admission to a mental hospital, or to receive the sort of treatment available there; yet, in practice, they *were* referred, sometimes by dubious means, to LACAU. In Chapter 2, I included the detail that those subjected to Deep Sleep Therapy at Cherry Farm were not all ‘patients’: Some were from a women’s prison, and at least one other from a borstal in the region. In Chapter 3, I mentioned that Dr James’ attempts to reorientate sexual preference of homosexual men in both Britain and New Zealand were carried out at a time when same-sex activity between men was illegal, so his practice may also be seen as forensic in nature; and in Chapter 4, detail was given of police practice in parts of the USA using drug interviews to extract intelligence. All these instances are social or legal problems and not intrinsically medical, but *are* medicalised. Here I must clarify a few points:

*First,* the hallmark of medical practice in western traditions going back to antiquity, is that a physician has to win the trust of each patients; and to do so is the most important primary skill of every practitioner. However, as *health services* were developed, it is inevitable that procedures of medical administration inevitably grew. They might be very light-of-touch, so as not to interfere with clinical practice; but sometimes they are more heavy-handed. Early history of psychiatry and mental health care was seldom part of the tradition of medicine. Running the asylums (and their financing) was an administrative rather than a clinical specialty. In recent years this style has spread to many other areas of medicine in many countries. I call this the ‘administrative take-over’ of clinical practice.

*Second*, for more than a century there has been a strong influence of the Rockefeller Foundation on medical practice, and especially in psychiatry. Although Rockefeller money has supported major scientific breakthroughs in the medical field, in other respects, as noted in Chapter 4, Rockefeller influence was pervaded by an agenda of social control. Nowhere is this more intrusive on proper medical practice that in medico-legal and forensic aspects of psychiatry, including prison psychiatry.

*Third*, in the post-war reconstruction, and the growing influence of the UN Declaration on Human Rights, the more brutal forms of punishment have increasingly been regarded as unacceptable. Most obviously this includes capital punishment, but it also encompasses corporal punishment (flogging with a cane or tawse), both as a legal sanction, and, less formally, in schools. In the 1950s in Britain (in my experience), and in New Zealand (as I hear from friends of my age here), corporal punishment in schools could be quite brutal, and at times sadistic, perhaps influenced by wartime experience of some secondary school teachers of that era[[30]](#footnote-30). This is now mainly in the past, but problems of delinquency amongst young people remain. Medicalisation of such problems, which – in essence are social and political, not medical – can be seen as one response to this new situation.

*Fourth,* In Chapter 4 examples were given of practices of intelligence agencies and others which were quite unacceptable under national or international law, but which nevertheless went ahead, under authority and protection of medical agencies. More examples are to follow in this chapter. Given the enormous (if excessive) authority assigned to medical professions, especially in western countries, compared - say - to social workers and other frontline professionals, and the ease with which those professions cover up their mistakes and more deliberate moves, medicalizing social and political issues makes good sense to those who wish to hide their mistakes and misdeeds. Cover-up relies on ‘patient confidentiality’, a concept which is hard to question, although persons other than patients are thereby protected.

Given all this, let us consider a few examples:

***Kenneth Milner and Aston Hall, Derbyshire, UK*:** A BBC documentary featured British-trained psychiatrist, Kenneth Oswald Milner (1909-76)[[31]](#footnote-31). Milner was educated at Wakefield Grammar School and Leeds University, graduating MBChB with honours and prize in 1933, a Diploma in Psychological Medicine in 1937, and an MD from Leeds university in 1939. Forensic psychiatry was the main theme of his career especially where mental disorders combined with intellectual deficit. At some stage, he was medical officer at HM Prison Brixton, and at Holloway women’s prison. In 1940, he worked at HM Prison Dartmoor. In 1940 he published a paper entitled *‘Observations on the relation of alcohol to criminal insanity’[[32]](#footnote-32).* Later he was at top-security psychiatric hospitals (Broadmoor and Rampton). In 1947, he was appointed physician superintendent at Aston Hall Hospital, an institution for intellectually handicapped children in Derbyshire (abandoned in 2004). In 1952 he gave a lecture to the mental deficiency division of the Royal Medico-Psychological Association (forerunner of Royal College of Psychiatry)[[33]](#footnote-33), entitled *‘Psychotherapy with high-grade mental defectives’.* He certainly knew William Sargant. Both were on the Education Standing Committee of the Royal Medico Psychological Association in years 1953 - 54. He stayed at Aston Hall until retiring in 1975.

Investigation of his work documented improper use of narco-analysis (mentioned in Chapter 2) in psychotherapy at Aston Hall[[34]](#footnote-34). Most complaints came from women who, at the time were in their early teens, and had been sent to Aston Hall because of disturbed behaviour. In the late 1960s and early 1970s, as claimed by many former patients, they were drugged with sodium amytal. A dose of 120 mg was mentioned, in one patient’s clinical charts[[35]](#footnote-35). The recommended dose of sodium amytal in adults, used as a sedative, is 30 to 50 mg, 2 or 3 times daily. When used as a sleeping draft, the dose is 65 to 200 mg at bed-time. Given that most patients were not fully grown, 120 mg would have been a powerful dose. Occasionally ether was mentioned, and Largactil is mentioned in one report.

A BBC interview[[36]](#footnote-36) with a man who, at the time was aged 14, mentioned injection of sodium amytal into one arm, and another drug (not identified) into the other (as well as ether administration). These drugs seem to have been given without consent. While drugged, youngsters were interviewed as part of supposed psychotherapy ‘to discover why they were misbehaving’. Interviewing often included questions about intimate sexual matters, including enquiries about - and suggestions that - the patients’ parents having interfered with them sexually when they were very young. Dr Milner’s often used ‘leading questions’ as though he would not accept a denial.

There were claims from a dozen former patients that Dr Milner had himself interfered with them sexually while they were under amytal narcosis. One ex-patient reported that a friend, also in the hospital was so distressed by treatment she received that she took her own life[[37]](#footnote-37), and there were other reports of attempted suicide. Reports in *Derby Telegraph* indicate that such abuse occurred in the late 1960s (earliest 1966) and early 1970s (the latest a woman who says she was at Aston Hall for about a year in 1973-1974). This story was raised in the UK parliament (September 2016). Police investigations are currently proceeding to document the extent and veracity of allegations. A legal firm is helping victims, who, in December 2016, numbered over 50.

The BBC program implied that Milner obtained unhealthy gratification, or satisfaction from his power over vulnerable young people, from intimate enquiries of patients while under narcosis; and he may have interfered with them sexually. This may be the most likely motive; but there is an alternative: Use of sodium amytal to elicit information – which a person might not remember having divulged – could be part of program of covert research, perhaps in aid of military intelligence (part of a ‘mind control’ agenda). Either hypothesis could fit the facts, given that Dr Milner’s focus seemed to be on vulnerable persons, lacking mental capacity, or forensic patients, whose stories of abuse, might never be believed.

The second hypothesis should be taken as seriously, since some patients felt that they *were* being used, without consent, as experimental subjects. Once World War II was over, there was little interest in narco-analysis in the British psychiatric profession, nor in publications in British journals; but this does not exclude the possibility that the method continued to be used in military or intelligence settings. It may have been used in forensic settings, perhaps in coordination with military intelligence agencies. The BBC interview mentioned a patient who claimed to have been given amytal by injection in one arm, and an unidentified drug in the other. Along similar lines, a CIA report dated around 1961[[38]](#footnote-38) (released September 1993) refers to sequential injection in human subjects of a barbiturate followed by the stimulant amphetamine. Clandestine collaboration would be consistent with a statement in one report, that ‘*the case is not against the NHS. Milner was working for the Home Office’*[[39]](#footnote-39), in which case, it would be easier to keep the practices at Aston Hall Hospital secret. In New Zealand, the unorthodox legal status of Lake Alice Hospital, and of Dr Leeks himself, is similar.

***Offshoots of Cameron’s Work; George Scott and Kingston Prison for Women:*** At the height of his powers, Ewen Cameron was very influential. It is known that at least one other institution in Canada collaborated with him, using methods which, while not identical, had similarities. This occurred at Kingston Prison for Women, on the shores of Lake Ontario, a few hours on the train from Montreal, under guidance of psychiatrist Dr George Scott. During World War II, Scott had been in charge of the Canadian army’s psychological rehabilitation program, and later was part of the Canadian Federal Corrections Department. At Kingston Prison for Women, various drugs were used in the 1950s and early 1960s, including large doses of LSD combined with ECT. Of 23 women subjected to this, records were found in only four cases. Other records were destroyed or removed[[40]](#footnote-40); it is impossible to say which, or the date when they went missing. The best documented case, that of Dorothy Mills Proctor, occurred over 1961-63. This program probably ended in 1963.

George Scott used the term ‘sensory deprivation’ in a sense, very different from Hebb’s sensory deprivation. Often it meant solitary confinement, sometimes for many weeks. In one of his publications, he attempts to justify this ‘research’ by reference to medical conditions under which patients experience similar levels of isolation. Scott also used electric shocks, sometimes for punishment, sometimes ‘to test pain tolerance’ (an obvious euphemism), a process similar to that of Selwyn Leeks in New Zealand: ECT equipment was used with the stimulus calibrated as voltage and with large electrodes (to reduce density of current flow so preventing electrical burns). There was no consent process. Like Cameron, Scott was funded partly by the CIA, part by Canadian Department of National Defence[[41]](#footnote-41).

Much later, on 8 August 1995, Scott was stripped of his license to practice, not for the drug regimens used many years previously, but for use of drugs and electric shocks to aid seduction of female patients. According to court records he used pentothal (a barbiturate) to render patients near comatose, and then aroused them with the stimulant ritalin. This continued for five years. Sanctions brought against him went beyond professional discipline: Separately, they also were formal legal prosecution[[42]](#footnote-42), an important precedent.

***Bruno Cormier*:** One of Cameron’s colleagues at the Allan Memorial Institute, Dr Bruno Cormier (and others) proposed setting up a Pilot Centre for Juvenile Delinquency. Cameron gave active support[[43]](#footnote-43). Correspondence about this is now available online[[44]](#footnote-44). I quote (Cameron to six others including Cormier: 6 April 1963):

*It is proposed that the unit should be concerned primarily with teen-age groups, younger delinquent children being managed in the various psychiatric clinics and children’s hospital in the community*

. . .

*Research projects would require the establishment of laboratories within the unit itself, and also require the development of operating areas for carrying out field studies. Amongst the laboratories would be those for psychological studies, for work in genetics, for endocrinological investigations, for sociological studies both within the unit and for field studies. These research units would call for close working relations with the appropriate university departments (Psychiatry, Sociology, Psychology, Genetic, Biochemistry Endocrinology and Pharmacology) . . .’*

The proposal clearly saw juvenile delinquency as a problem to be addressed with bio-scientific understanding of the time, rather than a socio-political problem. In so far as youth justice services should work at individual as well as the system levels, this is unremarkable. The reply (Cormier to Cameron, 23 April 1963), includes:

*Research in juvenile delinquency has a direct bearing on adult criminality, as juvenile delinquents who failed to become rehabilitated end as adult offenders.*

In October 1966, Cormier was appointed as chief consultant psychiatrist at the Clinton Prison Diagnostic and Treatment Center. It was located at Dannemora, a town a little way south of the Canadian border in the northern part of New York State. The center was established as an experimental facility, by the New York State Department of Corrections, and as a training center. Cormier was able to combine his position there with his academic post as Professor of Forensic Psychiatry at McGill.

It is hard for me to evaluate Cormier’s role in forensic psychiatry in North America. Some commentators regard him as brave pioneer, attempting to bring humanity to an area which usually escapes public scrutiny, and where inhumane attitudes may proliferate amongst staff; As far as I can tell, it was benign, compared with what was to occur in prisons elsewhere. Other writers are more willing to criticise what Cormier stood for[[45]](#footnote-45), but I find no strong evidence to support this. Despite links to Cameron, I find no evidence of his receiving support from CIA.

The entire facility was designated as a research center. Selection criteria in the first quotation (above) are similar to those selected for Lake Alice Child & Adolescent Unit, and included a proportion of indigenous adolescents or children, or (in USA) black. The objectives specified by Cormier were also similar to what emerged in New Zealand 50 years later, in the pre-school screening program launched in 2009 (In Chapter I, I wrote: ‘*a major objective guiding its development overseas was to find ways to predict in pre-schoolers teenage rebelliousness, and later, in adults, criminal tendencies*.’). None of this is unexpected; the problems in these young people are real and very difficult.

***US High-Security Penitentiaries*:** In the USA of the 1950s and early 1960s, the ‘permissive society’ was gaining ground in normal society. In sharp contrast, in some penitentiaries, simplistic versions of Pavlovian psychology were deployed with fearsome brutality. It was largely separate from Pavlov’s ideas used in military and intelligence agencies, but the roots were similar: Two proponents of Pavlov’s methods in penal facilities - Edgar H Schein, and Louis Jolyon West - gained experience from interviewing former POWs returning from the Korean war.

***Edgar H Schein***was Swiss by birth. Because of political upheaval in Europe his family migrated eastwards in the mid-1930s. His father, a physicist, was employed for a while in the University of Odessa, before the family emigrated to the USA to avoid Stalin’s Great Purge. Schein’s university education in Chicago, Stanford and Harvard took him in the direction of social psychology. In 1952, during the Korean he had a paid internship at the Walter Reed National Military Medical Center. The following year he was transferred to Incheon, Korea, to interview recently released POWs, to help with their rehabilitation, and to learn how Chinese forces succeeded in shifting the allegiance of captives. Subsequently Schein became a professor in MIT’s Sloan School of Management. He is now best known for founding the discipline of ‘organizational behaviour’. Less known is his contribution to management of prisons, starting with his book with the simple title ‘*Brainwashing*’[[46]](#footnote-46), published in 1960, and based on experiences with Korean POWs. Schein died in January 2023.

The impact of Schein’s ideas on prison management unfolded later in the 1960s. In 1962 a conference was held in Washington, DC by the National Institutes of Mental Health, for the Federal Bureau of Prisons (BOP). Schein gave a paper on brainwashing, including principles to be used in prison management. A review of this paper[[47]](#footnote-47) gives a bullet-point list, which, for ease of reference, I have reformatted as numbered items:

*1. Physical removal of prisoners from areas sufficiently isolated to effectively break or seriously weaken close emotional ties.*

*2. Segregation of all natural leaders.*

*3. Use of cooperative prisoners as leaders.*

*4. Prohibition of group activities not in line with brainwashing objectives*

*5. Spying on prisoners and reporting back private material.*

*6. Tricking men into written statements which are then showed to others.*

*7. Exploitation of opportunists and informers.*

*8. Convincing prisoners that they can trust no one.*

*9. Treating those willing to collaborate in far more lenient ways than those who are not.*

*10. Punishing those who show uncooperative attitudes.*

*11. Systematic withholding of mail.*

*12. Preventing contact with anyone non-sympathetic to the method of treatment and regimen of the captive populace.*

*13. Disorganization of all group standards among prisoners.*

*14. Building a group conviction among the prisoners that they have been abandoned by and totally isolated from their social order.*

*15. Undermining of all emotional supports.*

*16. Preventing prisoners from writing home or to friends in the community regarding the conditions of their confinement.*

*17. Making available and permitting access to only those publications and books that contain materials which are neutral to or supportive of the desired new attitudes.*

*18. Placing individuals into new and ambiguous situations for which the standards are kept deliberately unclear and then putting pressure on him to conform to what is desired in order to win favor and a reprieve from the pressure.*

*19. Placing individuals whose willpower has been severely weakened or eroded into a living situation with several others who are more advanced in their thought-reform whose job it is to further undermine the individual's emotional supports.*

*20. Using techniques of character invalidation, ie., humiliations, revilement, shouting, to induce feelings of guilt, fear, and suggestibility; coupled with sleeplessness, an exacting prison regimen and periodic interrogational interviews.*

*21. Meeting all insincere attempts to comply with cellmates' pressures with renewed hostility.*

*22. Renewed pointing out to the prisoner by cell mates of where he has in the past, or is in the present, not been living up to his own standards or values.*

*23. Rewarding of submission and subserviency to the attitudes encompassing the brainwashing objective with a lifting of pressure and acceptance as a human being.*

*24. Providing social and emotional supports which reinforce the new attitudes (ibid.).*

I pass a few comments:

* + - * Many items in the list (1,5,8,14,15,20) are similar to practices used in the London interrogation centre during the second World War.
      * Others (18,23,24) are similar to Alexander Kennedy’s distinctive methods.
      * Yet others ((3,9,10,11,16) are reminiscent of what went on in LACAU
      * Item 6 strikes a personal chord. Was this the trick Basil James played on me in 1979?
      * NIMH supported this conference. Thus, this style of prison management was seen, in some sense as a matter of ‘mental health’, another case of biomedical take-over of problems which are not really biomedical.

The first ‘supermax prison’ to use Schein’s strategies was the Marion Penitentiary in a rural part of southern Illinois. It opened in 1963, replacing Alcatraz (which had recently closed). It was designed for the most recalcitrant prisoners, those who had failed all attempts at reform in lesser prisons. In July 1967, Detroit was engulfed by five days of rioting, with African-Americans pitted against the city’s police. By October 1967, the Bureau of Prisons designated the Marion penitentiary as a research center, with an agenda to experiment with improved ways to manage inmates. Schein’s methods were used there[[48]](#footnote-48), but the clientele and focus gradually shifted. The objective became not so much to reform physically dangerous prisoners, but to isolate *politically active* ones from the rest of the prison system, or, as other commentators suggested '*to control revolutionary attitudes in the prison system and in the society at large’,* and *‘to silence economic and philosophical dissidents’[[49]](#footnote-49)*. In the early 1970s the numbers of such ‘politically oriented troublemakers’ steadily increased. I follow up this theme later, with developments in California.

***Louis Jolyon West:*** This important figure, born in 1924, was a forceful, optimistic ‘all-American’ boy of Jewish heritage, who received air force training late in the world war. After medical and specialist psychiatric training, he found himself in the early 1950s, at Lackland Airforce Base, Texas. He was tasked with interrogating ex-Korean POWs who had given convincing confessions of their changed loyalty, and of misdeeds of US armed forces in Korea. In examining processes by which they were induced to confess (mainly sleep deprivation), he was able to exonerate some of them in court hearings. After this, at the very young age of 29, he was appointed to head the Department of Psychiatry at Oklahoma medical centre. In his writings in the mid-60s, he warned about the ‘LSD cult’, and dangers of hypnotism, and that hypnotism could make people so pliable that they would abandon their previous moral code. By 1966 he was in San Francisco, on a project to study the ‘hippie culture’ and use of LSD there. To all appearances, he became, a supporter of the anti-war counterculture during the Vietnam war era - leaving some acquaintances at the time unconvinced that he was genuine. He advocated for a new type of psychiatry. By 1969 he was appointed to the chair of psychiatry at UCLA, and medical director of the Neuropsychiatry Institute there (NPI), which had long had a focus on child and adolescent mental health[[50]](#footnote-50). His obituary in JAMA Psychiatry includes:

*‘Always larger than life, he was bold and courageous. He led the way toward the integration of medical fraternities and the civil rights changes in the South. He battled ceaselessly for individual freedom and dignity, opposing prejudice, bias, bigotry, violence, torture, and the subjugation, punishment, and mistreatment of others by governments, the judiciary, the military, kidnappers, cult leaders, and phony prophets. He took the side of the poor, minorities, children, the disenfranchised, the mentally ill, the uneducated, and the weak.’*

There were persistent rumours that Jolyon West had links to the CIA, which he strenuously denied. We now know that the objective of the CIA in Projects Bluebird and MKULTRA was to use hypnotism, LSD and other means to control people, even to the extent of their abandoning their previous moral code. This being so, West’s projection of himself looks like a façade. After his death in 1999, his papers were archived in the psychiatry school at UCLA. Tom O’Neill gained access to them. They showed, beyond doubt, that, from the earliest days of MKULTRA, West was linked to CIA. At Lackland air base, on 11 July 1953, only 2 months after start of MKULTRA, correspondence began with Sidney Gottlieb on a project combining drugs and hypnotism to extract information during interrogation (West was an expert hypnotist), and on altering a person’s beliefs. At Oklahoma he led a project entitled ‘Mass Conversion’, hiring informants to embed themselves in teenage gangs, to find about their group culture. This was funded by Gottlieb and MKULTRA. In San Francisco, a strange establishment, the Haight Ashbury project - a hippie ‘crash-pad’ - was set up by West, again supposedly to study hippie culture, and financed by one of CIA’s shell companies.

**Robert Galbraith Heath:** Another significant figure in the 1950s was RG Heath. His work is mentioned not because of direct relevance, but because, indirectly, it contributes to inferences about both the rationale for Selwyn Leeks’ practice at Lake Alice, and of Deep Sleep Therapy.Unlike most American psychiatrists in the post-war era - who had the choice of biomedical or psychoanalytic training – RG Heath trained in both, and saw no difficulty combining them. He also had scientific training in neurophysiology, as well as experience as a neurosurgeon. In 1949, he joined the medical faculty at Tulane University, New Orleans, as foundation professor of psychiatry and neurology. This was one of very few university departments of psychiatry in the USA to resist the trend after World War II towards separating the disciplines of psychiatry and neurology. Like Sargant, Jolyon West and Cameron, Heath was one of the ‘new breed’ of psychiatrists, advocating biological approaches to mental disorders, combined with psychodynamic methods. His early experiences with psychosurgery for schizophrenia (‘topectomy’, a more conservative version of lobotomy) led him to deep brain stimulation. From the early 1950s Heath was involved with implanted recording and stimulating electrodes into brains of institutionalised patients, sometimes in large numbers (reportedly as many as 125, in some patients). In June 1952, he spoke about this research at a large meeting, attended by specialists from across the USA, whose proceedings were published in book form[[51]](#footnote-51). He described how stimulation could produce intensely pleasurable feelings which could lift depression, and at other sites elicited unpleasant emotions, including rage or intense fear[[52]](#footnote-52). In March 1954, Heath was the main speaker at a seminar conducted by the Army Chemical Corps at its Edgewood Arsenal medical laboratories, with the title ‘*Some Aspects of Electrical Stimulation and Recording in the Brain of Man.’* His work was in no way clandestine, and became well-known.

Soon afterwards, Tulane University (New Orleans) signed a US army ‘facility security clearance’ for Heath’s department. In 1955 Dr. Russell R. Monroe, a psychiatrist in Heath’s research team, became principal investigator for an army contract with the title, ‘*Clinical Studies of Neurological and Psychiatric Changes during the Administration of Certain Drugs*.’ Classified army records were more specific, listing the contract’s purpose as being to study ‘behavior during administration of LSD-25 & mescaline.’[[53]](#footnote-53) The project ran for five years, supported to the tune of $60,000[[54]](#footnote-54). Few of Heath’s published papers were about the hallucinogens mentioned in this contract, but his findings may have been provided discretely to military paymasters, but never published.

Heath’s experiments raise questions on *medical ethics*, and in particular about his choice of subjects, informed consent, and the motivation behind his research. In an interview in 1986 he commented openly that part of his reason for accepting the position at Tulane, was that it was a ‘backward area, frankly, in terms of academic medicine’ but was linked to the vast institution of Charity Hospital, and other state hospitals throughout Louisiana. Here, was ‘a tremendous amount of clinical material, and a real opportunity to move into the clinical arena’. . . ‘*thousands and thousands of patients, chronically hospitalised and not responding to treatment’* . .‘*to move from the laboratory into what I thought might be . . an advancement into this major behavioural disorder’*. His remarks are disquieting in relation to the most important clause of the Nuremberg Code, requiring ‘. .*voluntary, well-informed, understanding consent of the human subject in a full legal capacity.*’ There is serious doubt whether Heath’s subjects had full legal capacity, and whether they gave - or could have given – well-informed, understanding consent.

Heath’s funding came from many sources, including the US military. A Freedom of Information request in the USA[[55]](#footnote-55) revealed that he was funded by CIA, probably as part of MKULTRA. One of his patients gave credible testimony of indignities to which she was exposed similar to Cameron’s practices at Allan Memorial Institute. It is not clear whether these experiences referred to Heath’s lab or Heath’s work somewhere else. His publications were quite open, widely read, and his books were available in most university libraries (including the library of Otago University, where I studied them). This is significant, because some of his methods were to be used in military and intelligence operations which also were definitely under the control and finance of the CIA.

***FBI’s COINTELPRO, and CIA’s Operation CHAOS*:** Towards the end of the Johnson presidency, with opposition to the Vietnam war growing, LBJ could not believe that protests were due to home-grown radicals. He envisaged that student protesters must have been subverted by international coordination of student groups (and others) from several countries. In part this was due to the influence of the counter-intelligence supremo in the CIA, James Angleton, whose job it was to detect ‘reds’, not ‘under the bed’ but in the heart of government, and indeed within the CIA (even if there were none) In October 1967 the president therefore ordered a high level interdepartmental survey. A personal request was made to Richard Helms[[56]](#footnote-56) which led the latter to Central Intelligence staff to collect whatever information was available through their sources - and through liaison with FBI - and to pass this on to the Office of Current Intelligence, whose Director was Richard Lehman. Lehman is significant here because he was one of those to accompany Richard Helms in his visit to New Zealand in July 1972. Lehman’s office prepared a memorandum which went back to Helms and from him to the President.

After election defeat in November, Johnson’s concerns continued under the Nixon presidency. As a result the CIA produced several documents, under Lehman’s guidance, with titles such as ‘*Restless Youth’* and ‘*Black radicals’*. The White House’s concerns were soon implemented as Operation CHAOS (aka: MHCHAOS), led by Richard Ober, a CIA staff member, already experienced in surveillance of academia. This involved massive surveillance, mail interception, phone tapping and infiltration of protest groups. It involved not only CIA but also FBI and police forces, as documented in Church Commission hearings

The Church Commission also found that, in fact, since the early 1950s such surveillance had been going on under CIA authority, and since 1956 under FBI control and its COINTELPRO initiative (Counter-Intelligence program). This was completely illegal. I provide more detail on this in Supplementary document no. 3 for this chapter. By the late 1960s the CIA’s Operation CHAOS, and the FBI’s COINTELPRO, as well as the police, were collaborating in massive domestic surveillance of groups seen to pose a threat to government policies, notably the Vietnam war[[57]](#footnote-57).

***Operation Phoenix*:**The Vietnam war was a dark epoch in US history. Dominated by the ‘Domino theory’ of communist take-over in south-east Asia, the USA was drawn into (or drew itself into) a massive war in the tropics, and jungle warfare in which it had no experience. US forces tried to learn from British experience in Malaya. Use of the defoliant Agent Orange was not a US innovation but was pioneered by British in Malaya. Other supposed lessons taken from British experience, included the attempt to engage with civilian police, as well as with the Vietnam military.

Operation Phoenix was probably the darkest chapter of the Vietnam war. Much detail is now available about its origins, planning, implementation, and eventual exposure in Douglas Valentine’s book[[58]](#footnote-58). It arose from realisation that military power was no match for local networking and infrastructure of the Vietcong. The aim was then to undermine that infrastructure, just as British forces in Cyprus ten years earlier had attempted to penetrate local communities with informers along with a massive interrogation program. Under pressure from President Johnson, Operation Phoenix was authorised on ~18 June 1967, at a meeting of the White House Coordinating Committee, attended by Richard Helms, Dean Rusk (Secretary of State), and the Chair of the Joint Chiefs of Staff. When Richard Nixon was elected president, the policy was called ‘pacification’. However, from the start, it was not adequately thought through. There were rival factions with different notions of what it meant: Military command had a structure which precluded involving civilian agencies, yet they had to be involved if ‘pacification’ was to have any meaning. Special branch police forces focused on prosecution (in the vain hope that ‘due process’ might be possible); and the intelligence services acted as another near-independent force. Initially much action of Operation Phoenix was undertaken by CIA operatives but was increasingly undertaken by Vietnamese soldiers. This led to enormous misunderstanding. American forces thought they were defending freedom and democracy against communism and had the idea that there were ‘laws of war’ they had to follow; but these notions were foreign to Vietnamese soldiers: For them, extreme excesses of torture were just what was expected in a war. Subtler, focused methods of interrogation were nowhere to be seen. Operation Phoenix became too large, with objectives too diverse for effective command structures to remain in place. In the late 1960s, William Colby was a key figure from the CIA, stationed in Vietnam. Vast numbers of Vietnamese civilians became targets, in horrific, large-scale terror and torture campaigns. Many gruesome methods, developed under MKULTRA, were used including widespread use of electrical torture. In a few prisoners, electrodes were implanted in their brains, using skills of a neurosurgeon, and probably based on RG Heath’s work. Records of torture were sent to the RAND corporation; When Operation Phoenix was gradually wound down, those records had disappeared. However, what the CIA learned had continued impact on later actions of CIA in Latin America (Chile, El Salvador).

***Links between Prison Psychiatry and Intelligence Agencies in California***: The regimens adopted in major penitentiaries which have already been described were adapted for use in California. A document from California, by Sandra E Purnell, which I accessed, is dated February 1978[[59]](#footnote-59). Its abstract begins *‘"Thought reform" is a calculated strategy of social action, designed to convert individuals to another ideology through a long-term process, during which threat underlies all experiences.*’ The article contains no more details of dates in the 1970s or locations for use of such practices. However, from other sources such detail is available, partly in the San Francisco Bay area, and partly in Los Angeles.

## A report in the Philadelphia Inquirer (11 May 1979) includes the following:

*In the 1960s, Dr James Hamilton, a San Francisco psychiatrist, received CIA funds to conduct “clinical testing of behavioral control materials” on inmates at the California Medical Facility at Vacaville. Although the records do not indicate the precise nature of the experiments, they show that Hamilton spent more than $10,000 in CIA funds to pay volunteers during 1967 and 1968. At prison pay scales that means he probably experimented on between 400 and 3000 inmates.*

## In the bay area, Professor Bernard L Dimond, a psychiatrist, and psychoanalyst, also with legal training became Professor of Law and Criminology and University College of San Francisco Medical School. He is quoted as saying that in good prisons, like those in California, physical degradation had been replaced by psychological degradation[[60]](#footnote-60). The prison hospital at Vacaville is mentioned, on which I have the following report from a Mr Weiner, writing for the San Francisco Chronicle:

*A new prison facility in California provides a good example of the technological-moral conflict. It is called the Medical-Psychological Diagnostic Unit (MPDU) and is part of the Department of Corrections Medical Facility at Vacaville. It has eighty-four beds and is designed to handle eventually al 600-700 inmates from various prison Adjustment Centers (maximum security wings) around the state. According to the Department of Corrections the new facility will be used to diagnose and treat inmates with problems, and then, it is hoped, return them as better individuals to the prison mainline, perhaps ultimately to the outside world. That sounds benevolent, but inmates and their supporters view the MPDU as a laboratory of behavioral ‘torture’ which in practice will be performed primarily upon militant black and Chicano organizers in the prison population. . . .*

*On November 19 1971, the California Department of Corrections (DOC) invited a group of psychologists, psychiatrists, researchers and prison official to meet at the University of California (Davis) to discuss prison violence and a possible new unit at Vacaville. At the meeting DOC officials were entirely vague as to what kind of treatment they envisioned at the proposed new facility. Pointed questions about electroshock therapy, aversion techniques, and the like were evaded . . .What the invited participants didn’t know was that, a week before standing host to the meeting at Davis, the DOC had submitted a detailed proposal for the Vacaville Facility. ‘Looking back on it now’ said one of the participants ‘it is clear that we professionals were brought in, to, as it were, “legitimize” a decision that had already been made”’.*

*‘One of those present was Dr Edward Opton . . .He pressed prison officials to deal with the ethical questions associated with the new psychiatric facility for prisoners – issues such as the voluntary nature of treatment, the use of aversion therapy drugs, electroshock and so on - but was told by the DOC’s research director, Dr Lawrence Bennett that ‘those who wish to discuss so called moral and ethical questions, should leave’.[[61]](#footnote-61)*

## *The Proposed ‘Center for Study and Reduction of Violence*: In the Los Angeles region, in the context of the California protest movement of the late 1960s, and, in Vietnam, of Operation Phoenix, plans were made to establish a Center for Study and Reduction of Violence. The idea started soon after the rebellion in the Detroit ghetto in 1967[[62]](#footnote-62). It was linked to crime prevention, was supported by Jolyon West, now head of UCLA Neuropsychiatric Institute and by Governor (later President) Ronald Regan, who campaigned on a ‘law and order’ ticket. Jolyon West’s correspondence about the center goes back to 1971[[63]](#footnote-63). The Los Angeles Police Department (LAPD) was also involved, and it was to be funded in part by California state, in part by Federal Law Enforcement Administration, with funds allocated through the California Council for Criminal Justice. It aimed to do research on origins, causes and reduction of violence and ‘pathological aggression’. Conceptually, it medicalised and ‘biologised’ violent behaviour, rather than seeing it as a response to social conditions[[64]](#footnote-64). Practically, it used behaviour-modification methods, often with potent aversive stimuli, notably electrical ones. The proposed site was a recently disused Nike missile base located in the Santa Monica Mountains, isolated, but not far from the Neuropsychiatry Institute. Tom O’Neill’s investigations showed that LAPD had connections to CIA and Operation Phoenix. The person linking these was one William Herrmanns, who had been in Vietnam as part of Operation Phoenix, before joining LAPD.

## *Links to the Visit of Richard Helms’ and Party to New Zealand*: The months before and after Mr Helms’ visit to New Zealand in July 1972 were critical for decisions on whether this centre would go ahead. In the end, because of potent political actions in California, and opposition from staff in the Neuropsychiatric Institute (and others), it never became a reality there. At the time, ‘adjustment of problem behaviour’ by brutal aversive conditioning was not rare in the USA. In Oregon state, one Dr PM Blachly was treating intravenous drug addicts with aversive conditioning, using painful electrical stimuli delivered via the hypodermic syringe by which an addict injected himself. A staff member in Jolyon West’s at the Neuropsychiatric Institute, Norwegian-American Ivar Lovaas, had been developing a program, supposedly to treat autistic children, with aversive stimuli, including electrical stimuli to shape acceptable behaviour. A friend of mine, in the late 1960s was an undergraduate studying psychology in a Canadian university. He recalls Lovaas coming as a visiting speaker. All he now remembers is Lovaas advocating hitting children as part of a behaviour modification program. At a later stage, his methods were used for an American version of gay conversion ‘therapy’, again driven by naïve pseudo-Pavlovian biologisation akin to Dr James’ approach to ‘rectifying’ homosexual tendencies. The kinship between his approach and what I refer to as the ‘Engineering model of human nature’ (as deployed by the CIA) is shown when he refers to his method as ‘building a person’, as if, prior to his conditioning treatment, no person existed in the frame of that autistic child.[[65]](#footnote-65) A biography of Lovaas and his impact has been published[[66]](#footnote-66).

## The links with New Zealand is not hard to see: ‘Biologisation’ of unruly, violent behaviour by children and young persons, applies as much to Selwyn Leeks’ practice at LACAU as to what was proposed for the violence reduction center.

***What were the Realities of Brain Washing?***

By way of summary so far, I offer my views on the relative scientific standing of the various attempts at ‘brain washing’ – or to avoid this vernacular term, the attempt, for one reason or another to reshape in comprehensive manner the personhood, or ‘sense of self’, whether in military or intelligence interrogation, or in intensive psychiatric therapy. There are two levels for description here. One uses psychological terms, the other is directly related to neuronal machinery in the brain. There is no conflict between the two levels, and precision can be achieved with either language, which are essentially equivalent. For myself, I prefer neurobiological language. It is more fundamental but perhaps not so widely understood

Alexander Kennedy, using psychological language gives the most coherent, rigorous and scientifically convincing account of methods for undermining existing sense of personhood, and rebuilding it upon an alternative frame of reference. His account is based on some psychological theory, historical experience going far back in time, as reported, and also from some of his own wartime experience. Donald Hebb had deep insights, but had not yet accepted the cognitive revolution which was soon to sweep through the field of academic psychology. Compared to these two, William Sargant and Ewen Cameron provided but poor shadows of real understanding, sustained mainly by rhetoric and superb overconfidence. Cameron was out of his depth, scientifically. Basil James, in his 1962 paper attempted something better than Sargant, but I feel he was driven more by theory than by the need for robust empirical proof.

The new styles of interrogation developed by British intelligence agencies during the end-of-empire wars - coordinated, I believe, at Maresfield, and then deployed in Northern Ireland - were brutal and punitive, properly regarded as torture. They could never have achieved what Kennedy claims to have achieved – comprehensive reshaping of loyalty of captives, and they continue to cast a dark shadow over British military and legal history. Kennedy himself may have achieved some dramatic shifts of personal loyalty in captives, but I doubt that they were achieved as quickly as seems to have been implied in his lecture.

Four other individuals are relevant in my comparison: Kenneth Milner in an institution near Derby, Ivar Lovaas at UCLA’s Neuropsychiatric Institute, George Scott at the Kingston Prison for Women, and Selwyn Leeks in New Zealand. There was much in common between these four. All might have claimed support from principles of psychological conditioning, which is now mainly outdated, as a means to reshape disturbed personality, or reduce criminal propensities. All four seemed to verge toward sadism in the way the supposed principles were used. My best guess is that they were using those principles as rationalisation, or excuses for what they did, while they had their own personal agendas for perpetrating their cruel deeds.

All these methods were developed during the second World War, the Korea War or in intelligence services during the ensuing Cold war. Chinese and Soviet methods, as described by Edgar Schein were a major contribution to this dark art. For myself, despite accepting at least a possibility that the CIA’s robot assassin concept may occasionally have been realised, I feel that the basic conceptualization, and words use to describe its aims reveal a profound misconception about personhood. I have no doubt that it is possible to destroy the essence of human personhood with such methods, leaving the person subjected to them but a shadow of his/her former self. However I do ***not*** believe that it is then possible to rebuild a robust, intact new personhood, ‘a la carte’ so to speak, as some in the CIA had hoped. From a quite different perspective, this is obvious. Normal adult human capacities are acquired in a lengthy, and endlessly subtle way, from education, life experience, continued reflection and introspection. The processes start at birth and continue for most of us until our last days, giving to some persons their astonishing, unique talents. ‘Minds’ are not entities to be erased or downloaded as if they were contents in a computer memory. A ‘mind’ is nor an entity which either exists of does not exist - a throwback to dualist thinking. It is acquired organically, a process of growth of an entire organism, in which each person constructs his or her unique life story.

***‘Five Eyes’ Network; CIA Concern over New Zealand and Australia*:**

The alliance of intelligence services of USA, UK, plus three white commonwealth countries is known as the ‘Five Eyes network’. It grew from intelligence collaboration during the second World War. The New Zealand Security Intelligence Service was established in 1956, replacing the pre-existing special branch of the police. It underwent further legislative reforms in 1969 and 1977. Before 1956 there had also been the Joint Intelligence Board. In the 1970s, JIB was replaced entirely by SIS, but in 1972, both were in existence. The existence of the Five Eyes network was not publicly known at this time.

New Zealand’s intelligence services are by far the smallest contribution to Five Eyes. In the early 1970s it had little independent status, its existence being inseparable from the network as a whole. Unlike other partners, it had no capacity to collect overseas intelligence, this being provided entirely by other partners. The main purpose of NZSIS was thus to act as a conduit for communication of security and intelligence reports from friendly overseas countries. In 1957 its staff numbered 19, eight of whom had military backgrounds, and most of the rest had British or colonial backgrounds. By 1979, SIS had grown to a staff of 72.

Despite its lack of independent status, the NZ SIS was by no means insignificant. In the period on which my chapters focus, the head of SIS was Brigadier Herbert E Gilbert. Another significant figure was George Laking. From a position as secretary to the New Zealand war department during the second world war, he had a succession of diplomatic posts, including Ambassador in the USA in the early 1960s. By the early 1970s, he was Secretary for External Affairs, and headed the Department of Prime Minister. He was well known to intelligence chiefs in the Five Eyes network; and both he and Brigadier Gilbert were well known to Richard Helms, who regarded them both as loyal allies.

In the 1960s and 1970s, there was concern in New Zealand administration about Soviet intelligence officers working from the Soviet embassy in Wellington, and about various protest groups. The latter were focused on racism in New Zealand, sports boycotts (HART - ‘Halt All Racist Tours’), and the country’s involvement in alliances with nuclear-armed powers. Later, Prime Minister David Lange led a government which refused to allow nuclear powered or armed ships to dock in New Zealand ports.

In the early 1970s, the SIS took part in surveillance of protest groups, this taking up about ten percent of its total work. We now know that the CIA was active in New Zealand at the time. Listening devices were installed in the headquarters of HART in Christchurch in June 1973. The SIS assured Prime Minister Norman Kirk that allegations that it had bugged HART HQ were false; but this denial was itself later shown to be false. Thus, SIS’s advice to ministers was not always truthful. In 1975, the highly respected left-wing social activist Dr William Ball Sutch, in retirement, faced an allegation of espionage, which led to a trial, based on outrageous evidence. He was acquitted but died soon after, from health issues. In the trial it emerged that he had been under surveillance by the SIS. Given the lack of independence of SIS in the Five Eyes network the question is raised of who had greater loyalty to their country, HART activists and Bill Sutch, or the NZ SIS and its colleagues elsewhere in the administration at the time.

*https://www.google.co.nz/books/edition/Dirty\_Tricks/3xF1EAAAQBAJ?hl=en&gbpv=1&printsec=frontcover*

***Problems in CIA Administration*:**

***Division of Roles Between Directorates*:** Earlier in this and the previous chapter, I criticised the scientific validity of most of what grew in the CIA under MKULTRA, not least in its roots, developing during and after the second World War in the Macy conferences. However, for many generations the USA has had strong traditions in physical sciences, and neurosciences as they expanded. During and after the war, this strength increased because of the influx of highly accomplished scientists from war-ravaged Europe. Many were refugees. Others were hand-picked NAZI scientists, recruited by various agencies (including military and intelligence) under Operation Paperclip, to further their agendas[[67]](#footnote-67). Thus, despite questionable developments from Macy conferences, it is surprising that a major - though hidden - part of the CIA’s activities should have gone so far off the rails, certainly in ethical terms, and to a large extent scientifically. However, another aspect of this travesty, lies in the structure of the CIA. It was set up as four Directorates - of Science and Technology, of Plans (which became Directorate of Operations in early 1970s), of Analysis, and of Support. In the 1950s, Richard Helms worked under the Directorate of Plans’. It was in this position that he could enable the shadowy figure of Sidney Gottlieb to develop his weirdly imaginative technology.

So, what about the Directorate of Science and Technology? Its emphases were advances in technology, based on physical sciences, related to satellites, nuclear physics and weaponry, the expanding capability of digital computers, plus chemical and some biological technology. Gottlieb’s version of scientific advance seems to have been independent of this. He seems never to have sought advice of the Directorate of Science and Technology, where there was real expertise, albeit not in the areas Gottlieb attempted to harness. In this situation, with the CIA employing many thousands of people with diverse expertise, it is hardly surprising that, as in large universities, inter-departmental rivalry developed, if not frank turf wars.

In early 1973, the newly re-elected president Nixon replaced Richard Helms as Director of CIA with James Schlesinger. One of Schlesinger’s reforms was to merge the Technical Services Division - which had been led by Gottlieb, under the Directorate of Plans/Operations – with the Directorate of Science and Technology. If it had always been under the Directorate of Science and Technology, many of the atrocities of MKULTRA might never have happened.

***Extra-Charter Activities of James Angleton*:** James Jesus Angleton was a complex but important figure in the early days of. the Cold War. Like many key figures in the CIA, he ‘graduated’ from an important role in OSS during the second world war, to head part of the agency’s Office of Special Operations in 1949. From 1951, he had a special responsibility regarding the newly established state of Israel; and in the late 1950s enabled supplies of fissile material to be conveyed to Israel to accelerate its nuclear program (which fact was not widely known until the Carter administration). In 1954, he also became chief of Counter-Intelligence Operations. This was supposed to be limited to intelligence gathering, but he used the position to go way beyond this, to engage in operations which should have gone through other sections of the agency. He was responsible for massive expansion of mail interception, between 1955 and 1958, of US citizens, in the belief that much unnecessary opposition to US policies arose from overseas influence from communist countries. He made several allegations that heads of state of western-allied countries were secretly aiding the Soviet Union. Thorough investigation of this coordinated by Richard Lehman found little evidence for this. His standing amongst his seniors fell after this. When William Colby became Director of CIA, he stripped Angleton of his role regarding Israel and then dismissed Angleton from his counterintelligence role, and greatly decreased the size of that part of CIA. Subsequently, he was submitted to severe cross examination during the Church commission hearings.

***Clandestine Operations of CIA in ‘Friendly Countries’.*** In an obvious sense - comprehensible to the non-expert - much CIA activity was outside the law, more so for its ‘operations’ (under Project Artichoke) than for ‘research’ (under MKULTRA). However, the CIA had many legal experts, who could adjust how it conducted its activities so that it seemed to be ‘within the law’. Thus, in a technical sense, its activities were carefully designed to ensure ‘plausible deniability’, as discussed in the next chapter.

President Nixon never got on well with Richard Helms. The fact that Nixon retained Helms as Director was probably because Nixon’s electoral victory in 1967 was by a very narrow margin. On 2 February 1973, the newly re-elected president (with a more secure electoral mandate) found it timely to replace him as Director of CIA. James R. Schlesinger, a Nixon loyalist, took over. His tenure as Director was short-lived: He was, in turn, replaced on 2 July, by William Colby. However during that brief period, Schlesinger set about cleaning up the CIA, with great energy and some very brutal moves. On 7 May 1973, he issued a memorandum to all CIA staff asking them to report to him all activities known in their part of the agency which might have been questionable on United States legal grounds. As a result, a large and diverse file was produced, which became known in the agency as ‘The Family Jewels’ – or, to translate the metaphor, the CIA’s most sensitive and closely-guarded secrets. It runs to 702 pages. A searchable version was recently made available[[68]](#footnote-68). To derive conclusions, or plausible conjectures from the Family Jewels file, sometimes needs quasi-forensic analysis, which would break the flow of my chapters. Detail is therefore transferred to Supplementary Document no. 3 for Chapter 5, and other such documents in later chapters. Without pre-empting later analyses, several points can be made:

* Operation CHAOS is known to have focused on surveillance (e.g mail interception, phone tapping). However, Tom O’Neill’s book gives reason to think it included technical tricks developed by Sidney Gottlieb, including those which started off as MKULTRA.
* Operation CHAOS is also usually thought (as in Tom O’Neill’s book) to have been about surveillance (etc) *limited to the USA*. Initially its concern *was* just domestic surveillance (etc). However, Tom Huston wanted it to include overseas agents (under direction of William C Sullivan). By the early 1970s, its outreach extended internationally, as part of the ‘Huston plan’[[69]](#footnote-69). At that time there were over 50 overseas CHAOS agents, trained to establish covers as local radicals[[70]](#footnote-70).
* The Family Jewels file frequently mentions methods for surveillance. In a document from Gottlieb’s Technical Services Division (pp. 215-7) these methods are listed as ‘*audio and visual surveillance, secret writing and related communications, personal protection, alias documentation, and questioned document examination, disguise, concealment devices, electronic beaconry, illicit narcotics detection, and counter-sabotage/terrorism.*’
* Operations overseas were kept secret as far as possible, but for ‘non-friendly countries’ there were few worries of legal action being taken against the CIA if it broke local laws. Schlesinger’s own objective was to ensure that activities of the CIA fell within the letter of the law *of the United States.* Breaches of law in other jurisdictions was less important.
* The ‘Family Jewels’ file includes telling detail on the paradox of managing clandestine operations in friendly countries. These operations sometimes included NATO allies (e.g., Paris, Brussels), and at least one member of ‘Five Eyes’ (Canada) (pp. 601-603).
* For clandestine operations such supposedly ‘friendly’ countries (the ‘free world’), the situation was difficult and decidedly sensitive in countries which were international allies.
* Gottlieb’s document describes rigorous documentation required by the CIA, under which use of such methods was allowed. Control had to be especially rigorous if they were to be deployed in ‘free world’ countries. Were they to become public knowledge, it might lead to rift in international alliances.
* Regarding home communication, in this context, we read *‘Acquire routing slips recording the fact of overseas telephone calls between persons in the US and persons overseas and telephone calls between two foreign points routed through US switchboards. This activity lasted for approximately six months but has ceased’.*
* In another document, under DCS (‘Directorate of Clandestine Services’) reference is made to ‘telephone routing slips’ . . . ‘*for six months in late 1972 and early 1973*’.
* Further, in the document on MHCHAOS we read: *All cable and dispatch traffic related to the MHCHAOS program is sent via 'restricted channels. (It is not processed by either the Cable Secretariat or the Information Services Division.) The control and retrievability of information obtained, including information received from the FBI, is the responsibility of the Special Operations Group[[71]](#footnote-71).*
* This is more than conjecture: Gough Whitlam, Australian Prime Minister in the early 1970’s pursued several strong anti-American policies, which were accepted grudgingly by US administration. However, the last straw came in November 1975, when Whitlam threatened to name the undercover CIA assets working in Australia. The head of the CIA East Asia desk, Theodore Shackley, then stated that if this were to happen, intelligence collaboration between Australia and USA would end. It did not end; but on 11 November 1975, Sir John Kerr, Governor General of Australia (1974-77), who had had a long association with the CIA, dismissed Whitlam as Prime Minister. Presumably the integrity of intelligence ties with New Zealand had a similar basis.
* A section in the Family Jewels (pp. 180-181) refers to two ‘targets of special interest’ whose names were redacted. Even with the brutal reforms of Director Schlesinger, they were too sensitive to be named. *Why so?* If they were countries, I ask *which two countries?’*
* The CIA *was* active in New Zealand in the early 1970s, and no doubt in Australia too. In CIA documents from those days which I have seen on-line, Australia and New Zealand are never mentioned, which is odd, and suggests deliberate concealment. Fifty years later, thoughtful former CIA staff occasionally give hints of what was happening but never put in writing. In a thorough discussion forum[[72]](#footnote-72), a speaker from Royal Canadian Mounted Police, stated, on the topic of paranoic suspicions about Soviet ‘moles’ having penetrated Canadian intelligence agencies that:

‘*We’re quite capable of screwing up our own investigations without a lot of help from you guys* [former CIA personnel in the audience] . . .*Jim* [Angleton] *was of course intensely interested, as were our other allied services in 5 and 6* [I assume, MI5 and MI6] *and the Australians and New Zealanders, in the result of our two-year investigation* [the hunt for “moles”]’.

I am not the only one to infer that Operation CHAOS extended to New Zealand.

These points are selected from a complex compendium of documents. I can easily be charged with ‘Cherry Picking’. However, I suggest *that the two countries whose names should never be mentioned are none other than New Zealand and Australia.* To the charge of Cherry Picking, I reply: ‘I am a scientist, not a lawyer’. Scientists value the concept of a hypothesis, based on a careful selection of evidence: *A hypothesis is a conjecture* ***which invites further testing****. In this context the pejorative implications of the phrase ‘Cherry picking’ disappear. The tests of my hypothesis come in later chapters.* ***To be explicit, the hypothesis here, added to those already specified, is that the general objective of the visit of Richard Helms and his entourage to Australia (3-8 July 1972), and to New Zealand (8-11 July 1972), was to promote various aspects of Operation CHAOS such as could be organised from Australia, and as could actually be implemented within each of these two countries. However, those aspects, and that visit were supposed to be ultra-sensitive and secret. International intelligence alliances depended on their remaining secret.***

***Ethical Issues*:**

Methods used by experts mentioned in this chapter raise profound issues of ethics in psychiatry and the relation of this profession to military or intelligence organisations. Comments which follow cover the practice of all individuals mentioned in this chapter.

The values which emerged from the catastrophe of World War II, are expressed clearly in the Universal Declaration of Human Rights, of 1948 (and similar documents). The first two paragraphs of the Preamble to that Declaration read:

*Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.*

*Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people.*

Article 1 reads:

*All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood*

This important document was prepared at a time when the world was beginning to recover from the trauma of the World war; yet the world was still at war (with different adversaries, and different methods): This was the Cold war

For most of the persons referred to in this chapter, the flaws in ethics - compounded by their respective scientific flaws - are so obvious as to require no further comment. However, for the erudite Alexander Kennedy more careful discussion is needed. Supplementary document no. 4, for this chapter is mainly on his 1960 lecture, but includes comparison with methods used by Dr James at Glenside hospital. Kennedy’s lecture describes most eloquently how psychiatric interrogators, whether for military or clinical ends, developed sophisticated strategies to reshape personhood, personal loyalties, and personal moral perspectives. The latter objective, one way or another, pervades practices of most of the individuals mentioned in this chapter, as well as their controlling agencies. *Between this objective and the values expressed in the Universal Declaration of Human Rights, there is stark incompatibility.*

In one of his steps towards ‘reshaping human personhood’ Kennedy speaks of the normal process of ‘rationalization’ of newly accepted loyalties. The word ‘rationalisation’ is used used in a somewhat pejorative fashion. What became of Reason, that proud banner of the Enlightenment? The discerning reader should understand that, for myself, I have no absolute commitment to the view that Reason is the *defining essential feature* of human beings, but I certainly see reason as a facility which, despite its limitations, may exert a decisive influence in favourable circumstances, and indeed, underlies some of humanity’s greatest achievement. The entire institutional fabric built around the concept of democracy makes a similar assumption, as does the Universal Declaration of Human Rights. For instance, voters are supposed to be rational when they cast their votes. However, the well-presented arguments in Kennedy’s lecture casts all this to the four winds, as so much empty rhetoric.

In the war, it was obvious to many people, that human rights counted for nothing. Whether soldiers, airmen, Navy personnel or civilians, they all knew that individual humans were mere numbers in a vast chessboard, within which world powers vied for supremacy. Thus, the war put into question our most cherished notions of human values, including ones central to medical ethics. Many people, including our wisest philosophers and ethicists were forced into uncharted territory. Thinkers attempted to navigate this *terra incognita* in rational manner, as if they had a map, when, in the days of ‘rational discussion’ of nuclear warfare, there was no map, no framework for reasoning and rational decision-making.

In post-war civilian life, solutions to human problems were mainly supplied in technical rather than human terms. In this context, I invite the reader to consider Lovaas’s method of treating autism, Leek’s practice at LACAU, and much of Martinus’s DST at Cherry Farm. Here also technical methods (very different technologies - bio- or psycho-technology - but still technical) replaced what were mainly human or social problems, to be addressed, if at all, with social methods or policies, or one-to-one interaction. Attempts to reassign sexual orientation by Dr James or George Rikers, as well as the proposed Center for Study & Reduction of Violence adopted a totally depersonalised strategy. Something similar was realised at Clinton prison (New York State) and at the Kingston prison for women.. A later commentator[[73]](#footnote-73) points out that Lovaas’s methods for autism and gay conversion both have origins at the UCLA Neuropsychiatry Institute. However, the subsequent history of these two has been very different, with methods for reassignment of sexual orientation now facing criticism, while methods to treat autism in many places do not yet draw similar opprobrium. Nonetheless a shift may be occurring in that field also, with growth of an approach to autistic spectrum disorder which avoids these methods, and attempts to understand the weaknesses *and strengths* of children and adults given this label, recognising the range of conditions called autism as part of normal human diversity[[74]](#footnote-74).

Medicine is supposed to be a body of ‘caring professions’, bound by an ethical commitment which goes back to the Hippocratic oath of classical Greek culture. Given the role of psychiatry in time of war, and its role (if secret) in intelligence operations, is it correct to include it amongst such caring professions. If not, what *is* the role of the profession in times of all-out warfare?

Such challenges existed long before the Second World war. In the late 1920s, one of the pioneers of the American public relations industry, Edward Bernays (American nephew of Sigmund Freud), published a book entitled ‘propaganda’, in which he argued that effective methods of propaganda were essential for proper functioning of a democracy, as though there was no contradiction in his proposal. If we are so vulnerable to propagandist manipulation, what becomes of democracy based on the notion of the rational citizen-voter?

My reading of Kennedy’s lecture tells me that Kennedy himself may not have been so cynical. He spent most of the lecture describing methods that could be used (methods which, in all probability, he had himself used). There was no discussion of the ethical issues. However, early in his lecture we read the following disturbing sentence:

*‘If wars are to continue, the future choice for those who initiate them would seem to be between making an uninhabited desert of the enemy's country and calling it peace, or embarking on the dangerous uncertainties of total psychological warfare, for as will be seen, survivable physical offence merely gives coherence to the psychological defences of both individual and group’*

This stark statement implicitly asks an unsettling and fundamental question. It raises profound issues about human nature, human societies, human freedom of action, democracy, medical ethics and moral philosophy. As I understand it over sixty years later, the controversy after his lecture was about methods he described, rather than on this disturbing set of questions. My guess is that, in the fifteen years since the end of the war, he had been ruminating continually on such questions. This lecture was the one occasion, in the months he had left, as a serious honest citizen, that he must break his silence.

On 3 August 1977, following a Freedom of Information Act request, much detail about MKULTRA was published in the Washington Post. The shock is still reverberating. An immediate response came at a meeting of the World Psychiatric Association in Hawaii on 28 August-3 September 1977. Potent criticism was leveled against ethical abuses in Soviet psychiatry. Previous meetings of WPA, the American Psychiatric Association and the US Government had drawn attention to this issue, but on this occasion, it took on a more potent form. On 31 August the international body of psychiatrists voted unanimously to adopt the Declaration of Hawaii[[75]](#footnote-75). This document had been commissioned in early 1976 by the WPA (well before the Washington Post exposé, and was written by a Swedish psychiatrist, Dr. Clarence Blomqvist from the Karolinska Institute in Stockholm. It was full of universalist ardour reminiscent of the UN Declaration of Human Rights. In his adjoining commentary he writes ‘*Our Russian colleagues are said to abuse psychiatry for political reasons’.* This is a rather modest comment compared to the intensity of debate at the congress about Soviet psychiatry. Perhaps there was more to it than meets the eye.

I have no doubt that the Soviet Union perpetrated serious human rights abuses in its mental health services. Which country has not abused the secretive world of mental institutions? How many prestigious psychiatrists assembled at Hawaii had, in earlier years, participated, wittingly or unwittingly, in Cold War abuse of psychiatry? Was the intensity of rhetoric at Hawaii, a mere four weeks after the Washington Post exposé of crimes by western powers not a little more than coincidence. Was it not a continuation of Cold War rhetoric, a distraction event, or a case of the ‘pot calling the kettle black’?

In 1994, in one of my visits to Russia, by chance, I was able visit briefly the Serbsky Institute for Forensic and Social Psychiatry in Moscow, the base from which the detention of healthy Russian citizens in psychiatric institutions was organized – citizens who happened to be political dissidents[[76]](#footnote-76). On another overseas trip I heard a seminar by one of the psychiatrists, by then a refugee, who had been a victim of such detention. It is hard for any Western psychiatrist to form a balanced view of the issue, if, as investigator, he or she is not a fluent Russian speaker, and has no opportunity to attempt to build trusting relationships with Russian colleagues. One such psychiatrist, Paul Calloway, based in the Psychiatry Department of Cambridge University spent many months in Russia, getting to know Soviet psychiatry from the inside. He published his account in a monograph in 1992[[77]](#footnote-77). Readers of this work may be surprised by positive comments, including the fact that the number of people in long-term institutional care in psychiatric institutions, per head of population, was far less than in major western countries; that community mental health care was more effective than in many western countries at that time (a view I have heard from other sources), and that psychosurgery had been banned in the Soviet Union since 1950. I am no psychiatrist, nor do I speak Russian. The only comment I make is that, amid all the Cold War rhetoric, it is important for all parties to devote as much effort as possible to recognizing their own country’s propaganda.

## *Conclusions*:

This chapter continued the historical survey of Chapter 4, including topic such as the development of method of ‘enhanced interrogation’; the atrocities of Ewen Cameron at the Allan Memorial Institute in Montreal; actual implementation of CIA’s ‘research’; regimens adopted in the ‘supermax’ penitentiaries in USA; their surreptitious alliance with CIA and it overseas outreach; the administrative problems within the C IA which permitted all this to happen; and, lastly the extremely problematic nature of these activities in ethical term.

## I repeat the maxim appearing in Chapter 4: *There is nothing so intrinsically dangerous as bad theory pursued doggedly blind to its inadequacies.* If a strategy is followed, blind to repeated failure to gain empirical support, its failures proliferate to absurd and dangerous degrees. Add to this, the urgency – as perceived – of early Cold War, the strength of the US economy as financial victor of the second World War, and the CIA being largely immune from prosecution (see next chapter). As a result, the witch’s brew of methods developed by the CIA rarely had robust scientific plausibility, and was beyond the control of legal, professional, or scientific monitoring. It had no other constraints, and neither rhyme nor reason. Once freed from these disciplines, and with unlimited resources at its disposal, ‘anything goes’.

## I capture the unruly essence of the CIA at this time with two verses. The first is from the musical and lyrics of Cole Porter, with the title ‘*Anything goes*.’ It was based on a book by Guy Bolton and PG Wodehouse. Its Broadway premier was in 1934, revised and re-adapted many times since, including the year 1956. The story line is set aboard an ocean-going cruise liner, where the jurisdiction, if any, is in doubt. Perhaps this is an appropriate symbol with which to end this chapter. One of many clever verses goes as follows:

## In olden days, a

## Glimpse of stocking

## Was looked on as

## Something shocking

## *But now, God knows.*

## *Anything goes.*

The second quasi-poetic lines, Gothic in style (and the typeface I choose) were written more than 300 years earlier. Of course they come from Shakespeare‘s *Macbeth*:

Double, double toil and trouble;

Fire burn and caldron bubble.

Fillet of a fenny snake,

In the caldron boil and bake;

Eye of newt and toe of frog,

Wool of bat and tongue of dog,

Adder's fork and blind-worm's sting,

Lizard's leg and howlet's wing,

For a charm of powerful trouble,

Like a hell-broth boil and bubble.

1. Supplementary Document no. 1 for Chapter 5 [↑](#footnote-ref-1)
2. Strictly, elimination of *patterned* stimuli was *perceptual* rather than *sensory* deprivation. [↑](#footnote-ref-2)
3. Supplementary Document no 2 for chapter 5. [↑](#footnote-ref-3)
4. My understanding of the term hallucination is now based on fundaments of neuroscience and is verry different from any understanding in the professions of psychiatry. The sensory regions of the cerebral cortex contain huge numbers of nerve cells, each of which is influenced by very many (10-20 thousand) incoming connections. However, only a small fraction of connections are direct inputs to such nerve cells from sense organs (eyes, ears, organs of touch etc). The vast majority come from other parts of the cerebral cortex, that vast ‘organ of association’. The implication is obvious: What we ‘see’ or ‘hear’ is not a faithful reproduction of ‘what is there’. It is certainly influenced by what is there, but to a large extent is biased by what we *expect* to see or hear. It is by no means an objective rendition of outer reality. When discrepancies become obvious to outsiders, psychiatrists might call it a hallucination, but we are all prone to similar biases. This occurs more easily if input from sensory channels is attenuated, as in Hebb’s sensory deprivation experiments. [↑](#footnote-ref-4)
5. Bexton WH, Heron W, Scott TH. (1954) Effects of decreased variation in the sensory environment. *Canadian Journal of Psychology,* 8,70-76. [↑](#footnote-ref-5)
6. Doane BK, Mahatoo W, Heron W, Scott TH. (1959) Changes in perceptual function after isolation. *Canadian Journal of Psychology*, 13, 210-219. [↑](#footnote-ref-6)
7. Naomi Klein (2007) *The Shock Doctrine: The Rise of Disaster Capitalism.* Random House of Canada. pp. 34-5; http://infoshop.org/amp/NaomiKlein-TheShockDoctrine.pdf; p. 34-35 [↑](#footnote-ref-7)
8. Cameron DE, Levy L, Rubenstein L. (1960) Effects of Repetition of Verbal Signals upon the Behavior of Chronic Psychoneurotic Patients. *Journal of Mental Science*, 106, 742-754. [↑](#footnote-ref-8)
9. Cameron D. (1956) Psychic driving. *American Journal of Psychiatry,* 112,502-509; Cameron DE. (1957) Psychic driving; dynamic implant. *Psychiatric Quarterly*, 31, 703-712. [↑](#footnote-ref-9)
10. Naomi Klein (2007) *The Shock Doctrine: The Rise of Disaster Capitalism.* Random House of Canada. [http://infoshop.org/amp/NaomiKlein-TheShockDoctrine.pdf; footnote p. 32];

    Mark Polkington ‘Night School’; *Guardian,* 3rd March, 2005;

    https://www.theguardian.com/education/2005/mar/03/research.highereducation1 [↑](#footnote-ref-10)
11. It is also claimed that at an unknown date Rubenstein returned on a visit to Britain, to assist Sargant to develop a similar method, with small speakers hidden in the pillows in the patients bed in Sargant’s sleep room. In itself, the evidence for this is not decisive. However, Dr Basil James appears to have used a similar method at Glenside hospital in Bristol, according to his published report intending to produce sexual reorientation in a soldier with homosexual tendencies. Given that other details in this paper indicate that Dr James’s methods owed something to influence of William Sargant, it becomes more plausible to think that both Sargant and James learned the method from Rubenstein when he visited Britain. There is no reason to disbelieve this. [↑](#footnote-ref-11)
12. 8 female, 2 male; duration of illness 2-31 years; age 21-52y; diagnoses: Anxiety neurosis: 1, Anxiety hysteria: 2; Character neurosis: 3; Chronic anxiety state: 1; Mixed psychoneurosis 1, Character disorder 1; Inadequate personality 1. [↑](#footnote-ref-12)
13. Today, competent psychiatrists do not define delusions according to whether a belief is ‘true’ or not, but by the manner in which a belief is expressed, its being impervious to change by evidence or rational argument, by how an unorthodox belief is originally formed if evidence on this is available, and perhaps by the presence of emotional turmoil, if a patient is observed at the time of delusion formation. [↑](#footnote-ref-13)
14. The rationale had similarities to that given by Egaz Moniz, pioneer of psychosurgery, to justify surgical leucotomy, namely that mental disorders involved formation of fixed and inflexible circuits of connections (the supposed basis of memories); and by cutting through these connections, problems might be alleviated. [↑](#footnote-ref-14)
15. Marks, p. 101-102 [↑](#footnote-ref-15)
16. Born, Budapest, 1929; studied medicine at (former) ‘Semmelweiss’ Medical University from 1948; graduated there, 1954; left Hungary, November 1956, after Soviet invasion; arrived Montreal Neurological Institute, January, 1957. [↑](#footnote-ref-16)
17. Thomas A Ban, Interviewed by William E. Bunney Jr. Boca Raton, Florida, December 10, 2007. [↑](#footnote-ref-17)
18. CARoss, 1995 British Journal of Psychiatry, 167,262-270. [↑](#footnote-ref-18)
19. This might have been a direct influence, or a term in vogue at the time. Sargant also used the term in a paper in BMJ published in August of that year. [↑](#footnote-ref-19)
20. Rebecca Lemov (2011) Brainwashing's Avatar: The Curious Career of Dr. Ewen Cameron. *Grey Room* 45, 61-87. (p. 72) [↑](#footnote-ref-20)
21. CBC Program: ‘*The Thief of Memory’* [↑](#footnote-ref-21)
22. Schwartzman AE, Termansen PE. (1967) Intensive Electroconvulsive therapy: A follow-up study. *Canadian Review of Psychiatry*, 12, 217-218. [↑](#footnote-ref-22)
23. Mary de Young (2015) *Encyclopedia of Asylum Therapeutics, 1750-1950s*. McFarland & Co, Jefferson, North Carolina; p. 277. [↑](#footnote-ref-23)
24. Bromberger B, Fife-Yeomans J. (1991) *Deep sleep: Harry Bailey and the scandal at Chelmsford.* Simon and Schuster, Australia. [↑](#footnote-ref-24)
25. <https://globalnews.ca/news/9590728/allan-memorial-institute-victims-sue-cia/>

    <https://montreal.ctvnews.ca/court-allows-lawsuit-to-proceed-for-families-of-montreal-brainwashing-experiments-victims-1.5803248>

    <https://www.thetribune.ca/news/mcgill-hit-with-class-action-lawsuit-for-alleged-mind-control-brainwashing-human-experiments-from-1943-to-1964-12042023/> [↑](#footnote-ref-25)
26. https://therealnews.com/cia-mk-ultra-torture-indigenous-children-canada-residential-schools-black-prisoners [↑](#footnote-ref-26)
27. <https://nsarchive2.gwu.edu/NSAEBB/NSAEBB122/CIA%20Kubark%201-60.pdf>

    <https://nsarchive2.gwu.edu/NSAEBB/NSAEBB27/docs/doc01.pdf> [↑](#footnote-ref-27)
28. https://www.cia.gov/library/center-for-the-study-of-intelligence/kent-csi/vol5no2/html/v05i2a09p\_0001.htm [↑](#footnote-ref-28)
29. In Supplementary Document no. 3 for this chapter (comment no [9] on Dr Harry Bethune) the quasi-religious cult known as ‘The Family’, located in suburban Melbourne is mentioned. The immense power and undoubted hold of the cult leader, Anne Hamilton-Byrne, over other members of the cult is strange. It was probably achieved in part by carefully judged verbal suggestions of Ms Byrne to other members when they were under the influence of LSD. Given this, Tom O’Neill’s conclusion becomes quite plausible. [↑](#footnote-ref-29)
30. https://www.corpun.com/counukr.htm [↑](#footnote-ref-30)
31. Phil Kemp and Ruth Evans. ‘*What happened at Aston Hall Hospital’*: BBC Radio, 19.07.2016. [↑](#footnote-ref-31)
32. *British journal of Inebriety, 38, 51-70.* [↑](#footnote-ref-32)
33. see *British Journal of Psychiatry*, supplement, October, 1952. [↑](#footnote-ref-33)
34. reported in many articles in the *Derby Telegraph,* starting early in 2016. [↑](#footnote-ref-34)
35. http://thomashoskynsleonardblog.blogspot.co.nz/2016\_07\_01\_archive.html [↑](#footnote-ref-35)
36. # BBC News, 17.02.2017: *‘Former Aston Hall patient “injected with drugs and abused”'*

    [↑](#footnote-ref-36)
37. http://www.derbytelegraph.co.uk/just-troubled-teenager-ended-aston-hall-forget/story-28810446-detail/story.html [↑](#footnote-ref-37)
38. <https://cia.gov/static/Truth-Drugs-in-Interrogation.pdf>; see also: https://cryptome.org/0001/cia-truth.htm [↑](#footnote-ref-38)
39. http://thomashoskynsleonardblog.blogspot.co.nz/2016\_07\_01\_archive.html [↑](#footnote-ref-39)
40. Lisa Guenther (2023) Memory and Forgetting at Kingston Prison HTTP://WWW7.BBK.AC.UK/HIDDENPERSUADERS/BLOG [↑](#footnote-ref-40)
41. Mike Blanchfield & Jim Bronskill *Ottawa Citizen,* 8 December 1998; *Counter punch,*18October 1999 [↑](#footnote-ref-41)
42. Sylvie Bordelais (1999) L’utilization du LSD à la Prison des Femmes de Kingston au début des année soixante. Le dossier de Dorothy Mills Proctor, c. La Reine, le Procureur Général de Canada et al. *Société Elizabeth Fry de Quebec.*  [↑](#footnote-ref-42)
43. This may have been little more than his necessary role as an administrator. [↑](#footnote-ref-43)
44. https://mohawknationnews.com/blog/wp-content/uploads/2022/08/Court%20documents/exhibits/Exhibit%20P-50.pdf [↑](#footnote-ref-44)
45. https://www.eviemagazine.com/post/cia-linked-to-medical-torture-indigenous-children-black-prisoners-mk-ultra [↑](#footnote-ref-45)
46. https://dspace.mit.edu/bitstream/handle/1721.1/83028/14769178.pdf [↑](#footnote-ref-46)
47. http://www.jpp.org/documents/forms/JPP4\_2/Griffin.pdf [↑](#footnote-ref-47)
48. <https://solitarywatch.org/2011/01/22/supermax-psych-behavior-modification-at-marion-federal-prison/> [↑](#footnote-ref-48)
49. <http://www.jpp.org/documents/forms/JPP4_2/Griffin.pdf> [↑](#footnote-ref-49)
50. *The NPI School provides schooling for some 40 emotionally disturbed and 60 mentally retarded inpatients. The staff includes a principal, a special education director, and ten teachers who conduct programs at the preschool, elementary, intermediate, secondary, and young adult levels. The staff also participates in research, training and service activities in conjunction with the UCLA Mental Retardation Program also located in the Neuropsychiatric Institute. NPI school staff members hold demonstration teacher appointments in the Graduate School of Education, and a faculty member in Special Education holds a joint appointment in the Department of Psychiatry and coordinates research and training activities in the NPI School for students in Education. The NPI School Director of Special Education is affiliated with the Department of Education as a Lecturer.* (from UCLA General Catalogue,1972-3) [↑](#footnote-ref-50)
51. Heath, RG. (ed.)(1954). *Studies in Schizophrenia.* Cambridge, Harvard University Press. (see pp. 528-532. [↑](#footnote-ref-51)
52. This work developed from that of Walter Hess who (along with Egaz Moniz, pioneer of lobotomy) won the 1949 Nobel Prize for physiology and medicine. Hess’s work - more prize-worthy than Moniz’s - identified by electrical stimuli central sites in the brains of animals from which coordinated visceral (and by implication ‘emotional’) responses could be elicited. [↑](#footnote-ref-52)
53. Mohr CL, Gordon JE. (2001) *Tulane: The Emergence of a Modern University.* Louisiana State University Press. Chapter 2, pp. 120-123) [*US Government-sponsored Mind Control and Tulane*:

    http://www.tulanelink.com/mind/tulane\_role\_04a.htm] [↑](#footnote-ref-53)
54. <http://www.tulanelink.com/tulanelink/twoviews_04a.htm> [↑](#footnote-ref-54)
55. Monograph of Bromberger and Yeomans, on the Chelmsford scandal in New South Wales. [↑](#footnote-ref-55)
56. One version has it that this was not an actual presidential order, but a supposition of Helms, which he took from a meeting in the Oval Office, and which he turned into action on his own initiative, perhaps going beyond what the president had intended. (see: <https://www.youtube.com/watch?v=-qj_yzD_nc8&t=1s> [‘*Moles, defectors, and deceptions: James Angleton and His influence on US Counterintelligence. Part 3’;* section from 1 hr 44.39] [↑](#footnote-ref-56)
57. This surveillance, along with assassination attempts, mail interception and telephone tapping (in which the CIA had been engaged for years), was completely illegal in terms of the Charter of 1947, by which it was set up. [↑](#footnote-ref-57)
58. Douglas Valentine: ‘*The Phoenix Program’* Paperback version: Open Road Distribution (September, 2016) [↑](#footnote-ref-58)
59. Freedom of Speech Newsletter; Department of Speech Communication; California state University; Los Angeles. <https://files.eric.ed.gov/fulltext/ED155735.pdf> [↑](#footnote-ref-59)
60. Zoe Colley (2023) Erasing Minds: Behavioral Modification, the Prison Rights Movement, and Psychological Experimentation in America’s Prisons. *Journal of American Studies*, 57, 84-111. [↑](#footnote-ref-60)
61. https://www.cia.gov/readingroom/docs/CIA-RDP74B00415R000300020009-4.pdf [↑](#footnote-ref-61)
62. https://archive.scienceforthepeople.org/vol-6/v6n3/violence-center/ [↑](#footnote-ref-62)
63. <https://oac.cdlib.org/findaid/ark:/13030/c84j0hcd/dsc/#aspace_ref1434_k0m> [↑](#footnote-ref-63)
64. <https://manifold.umn.edu/read/body-and-soul/section/1dcfa72e-5849-4b5d-bc8c-696ddd5dc87f> [↑](#footnote-ref-64)
65. Chance, Paul. 1974. After you hit a child, you can’t just get up and leave him; you are hooked to that kid: A conversation with O. Ivar Lovaas about self-mutilating children and why their parents make it worse.*Psychology Today*, 7:76–84. [↑](#footnote-ref-65)
66. <https://files.eric.ed.gov/fulltext/EJ1126605.pdf> [↑](#footnote-ref-66)
67. It would indeed make an interesting study to compare subsequent careers of European scientists arriving in the USA at this time between the refugee experts, and those recruited under Operation Paperclip. [↑](#footnote-ref-67)
68. https://nsarchive2.gwu.edu/NSAEBB/NSAEBB222/family\_jewels\_full\_ocr.pdf [↑](#footnote-ref-68)
69. This originated as a 43-page document, commissioned by the White House, initially with support of FBI and its head, J.Edgar Hoover, with details of proposals for intense domestic surveillance. Tom Huston worked closely with Sullivan [↑](#footnote-ref-69)
70. https://ia801909.us.archive.org/18/items/the-history-of-operation-chaos-by-verne-lyon-covert-action-information-bulletin-/The%20History%20of%20Operation%20CHAOS%2C%20by%20Verne%20Lyon%20%28CovertAction%20Information%20Bulletin%2C%20No.%2034%2C%20Summer%201990%29%20pp.%2059-62.pdf [↑](#footnote-ref-70)
71. This is an ultra-secretive agency responsible for operations that include clandestine or covert operations with which the US government does not want to be overtly associated (especially overseas operations). [↑](#footnote-ref-71)
72. <https://www.youtube.com/watch?v=-qj_yzD_nc8&t=1s> (‘*Moles, defectors, and deceptions: James Angleton and His influence on US Counterintelligence. Part 3’* Section quoted is between 1hr.49.30 & 1hr 51.30 [↑](#footnote-ref-72)
73. MF Gibson, P Douglas (2018) Disturbing Behaviors: Ole Ivar Lovaas and the Queer History of Autism Science. *Catalyst Journal 4 no.2.* <https://catalystjournal.org/index.php/catalyst/article/view/29579/23427> [↑](#footnote-ref-73)
74. Progress comes from educationists, not psychiatrists. [↑](#footnote-ref-74)
75. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1154636/> [↑](#footnote-ref-75)
76. At that time, so I understand, the Serbsky Institute was under the Russian Ministry of Health. At the time of the abuses, it was under the Ministry of Internal Affairs. [↑](#footnote-ref-76)
77. Paul Calloway (1992) Russian/Soviet and Western psychiatry: A contemporary comparative study. John Wiley & Sons. [↑](#footnote-ref-77)